Health Care Program for children with Special Needs

Together we'll find the way.

Colorado Department of Public Health and Environment

CYSHCN Data System

User Manual

Version 1 – November 1, 2011

Table of Contents

Introduction 5
How to Use the CYSHCN Data System User Manual 5
Getting Started 6
Request a User Account 7
CDPHE Data Security, Use and Confidentiality Agreement 10
Moving through the Data System 14
Shortcuts and Helpful Hints 14
Integrated Data Systems Screens 15
Change Password 17
Security 19
Toolbar Options 20
Manage Favorites 21
Search 23
Adding Favorites 25
Close All Tabs 26
HCP Option Menu or “tree” 27
Care Coordination 28

Care Coordination Flow Chart 28
Registering a Client 29
New Client Registration Wizard 32
Step 1 - Client 32
Step 2 - Family Members 34
Step 3 - Address 36
Step 4 – Contact Information 37
Summary 38
Care Coordination Intake Interview 40
Family Answers “Yes” to Information Only 40
Family Answers “No” to Information Only 48
Social Determinants of Health 54
Assessment 62
Action Plan 65
Condition 68
Closing a Client Record 72
Reopening a Client Record 75

System Generated Items 77

Communications 77

Notifications 78

Colorado Responds to Children with Special Health Care Needs (CRCSN) 80

Accessing the CYSHCN Data System for the First Time 84

HCP Program Announcements 87

Transferring a Client to Another HCP Site 88

Receiving a Transferred Client 93

Appendix I – Security and Confidentiality Agreement Text 96

Introduction

The *CYSHCN Data System* is a state reporting data system for the Health Care Program for Children with Special Needs (HCP). Staff from local public health agencies that have contracts with the Colorado Department of Public Health and Environment (CDPHE) use this system to enter data for each child receiving HCP Care Coordination. The HCP state office uses the data collected for assessment, planning, evaluation, reporting and contract monitoring. Entering care coordination data in the *CYSHCN Data System* is an HCP contract requirement.

How to Use the CYSHCN Data System User Manual

It is important for new users of the *CYSHCN Data System* to review this manual before entering data. This manual is a guide to navigating the data system and entering data. Training from state and regional HCP staff and archived webinar presentations are available to help staff learn to use the data system and to understand the HCP care coordination model. New HCP staff must receive training on both the data system and the HCP care coordination model in order to obtain a user name and password for the CYSHCN Data System.

If you have difficulty reading the text or screens in this manual, use the zoom on your tool bar under "View" to increase the size of the text and screens for viewing.

Some HCP offices enter data into their own agency's data system and send monthly 3rd party extract files to CDPHE that are uploaded to the *CYSHCN Data System*. Contact the Help Desk if your agency is interested in discussing this option.

Also call the Help Desk for help with passwords, getting started and for questions about entering data.

GETTING STARTED

Welcome to the *CYSHCN Data System* (CYSHCN pronounced "shin"). The program runs on Microsoft Windows XP or Windows 7.

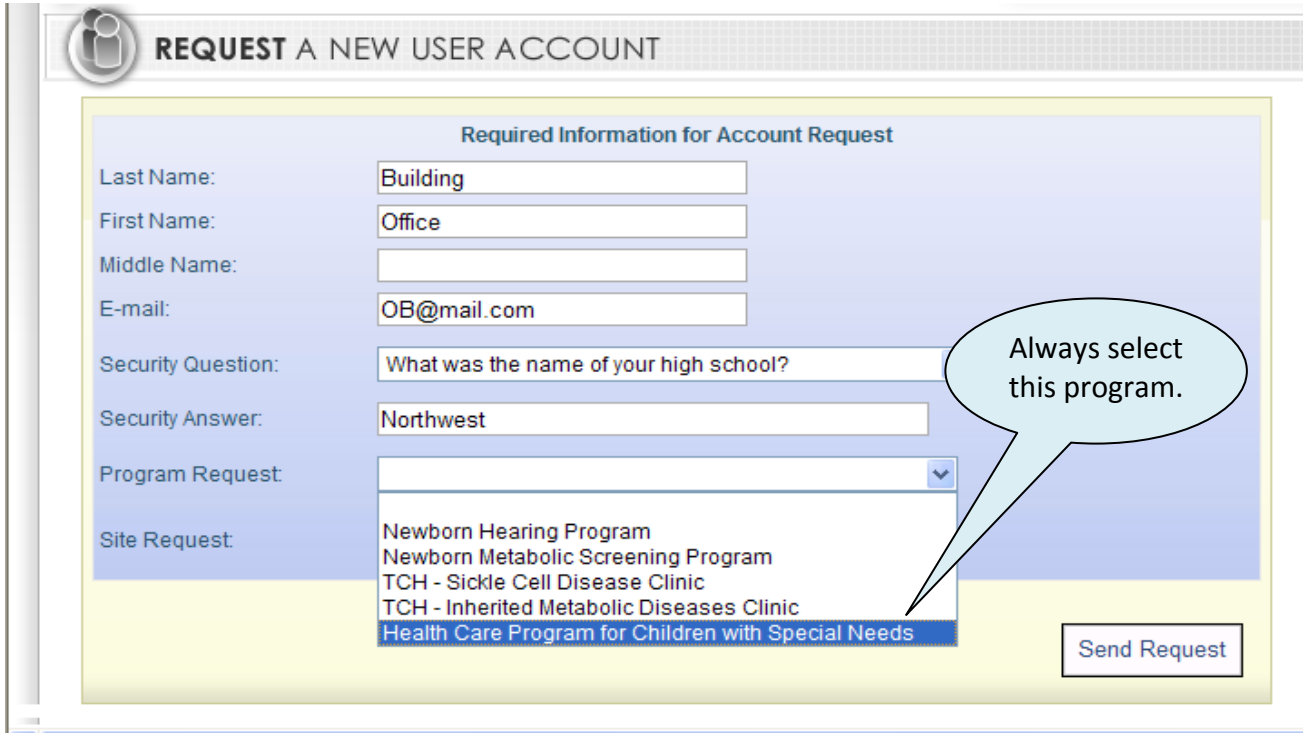
Open your internet browser (MS Internet Explorer 7 or higher), and go to: **https://www.phi.dphe.state.co.us/Nonauthenticated/IDS/default.aspx** to access the *Colorado Department of Public Health and Environment Health Informatics Data Systems* home page. The data system is web-based, so you can access it from any computer with internet capability. Using an IBM-compatible browser (e.g. *Firefox*) allows the program to run reliably. If you prefer *Safari*, for example, which is not IBM compatible, it may not run properly. The Colorado Department of Public Health and Environment only supports Microsoft software.

Request a User Account

Before you can enter data, you will need to request a new user account by clicking on *the **Request a New User Account*** text below the log in box shown below. Click on **Children and Youth with Special Health Care Needs** at the top of the **Programs Supported** to begin. In this manual we show you screen examples with descriptions of the information to be entered on each screen.

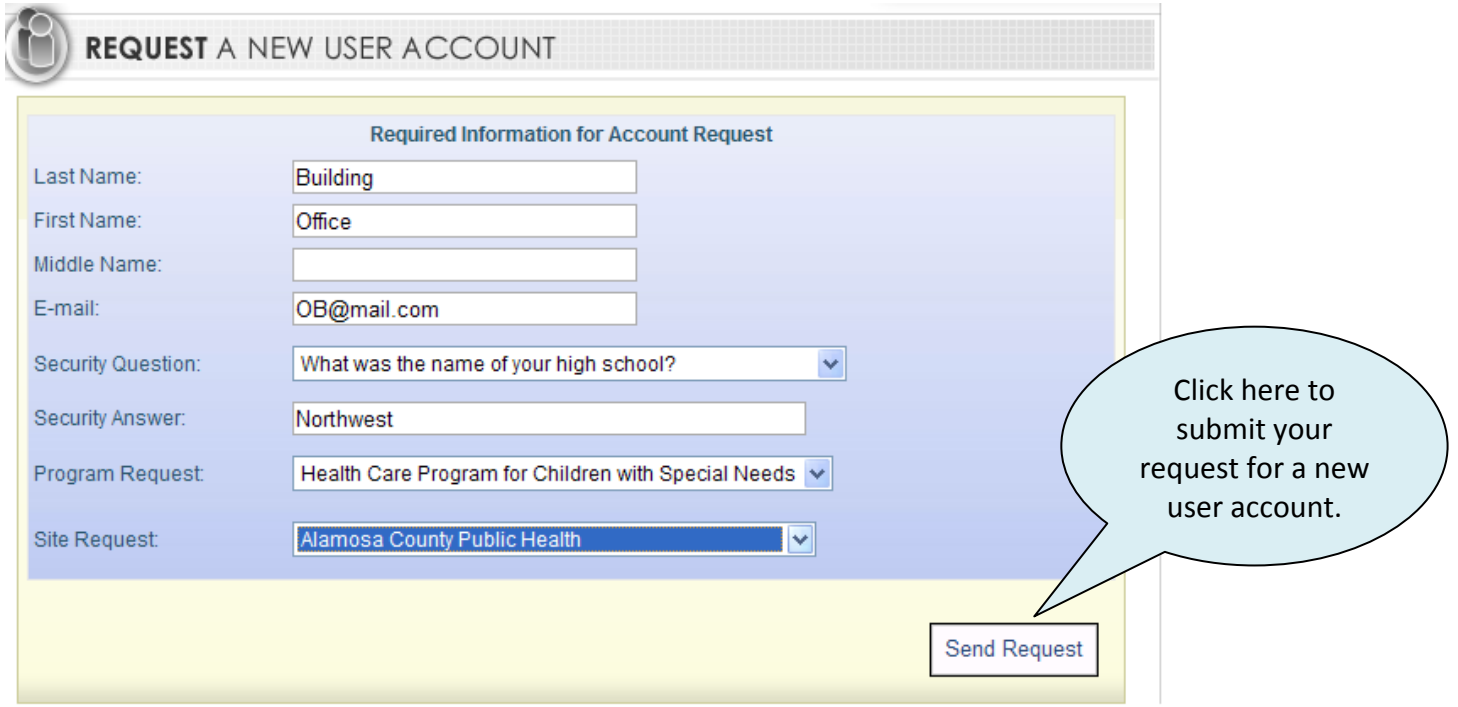
COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
TRAINING HEALTH INFORMATICS DATA SYSTEMS
HOME
CONTACT
ABOUT
SITEMAP
Whom do we serve?
CYSHCN -Children and Youth With Special Health Care Needs
Newborn Hearing
Newborn Metabolic
TCH - Metabolic Clinic
TCH - Sickle Cell Clinic
Family Planning
ECast
LEARN MORE ABOUT OUR PROGRAMS
NEED MORE INFORMATION? CONTACT OUR STAFF
NEED ACCESS TO YOUR PROGRAM? REQUEST HERE
PROGRAM INFORMATION
To log in, please use the right hand login box. All programs have their own informational pages and can be accessed with the below links.
Programs Supported
Click here to begin.
Children and Youth with Special Health Care Needs
Newborn Hearing
Newborn Metabolic
CHC Metabolic Clinic
CHC Sickle Cell Clinic
ACCESS YOUR PROGRAM
Username:
Password:
LOG IN
Can't access your account?
Request a New User Account
By logging on to this site you agree to abide
Security Policy.
Click here to request a new user account.

After you click on **Request a New User Account** shown on the screen above, the following screen pops up.



Fill in all the spaces on the form. Select a **Security Question** from the drop down list and type your answer in the **Security Answer** box.

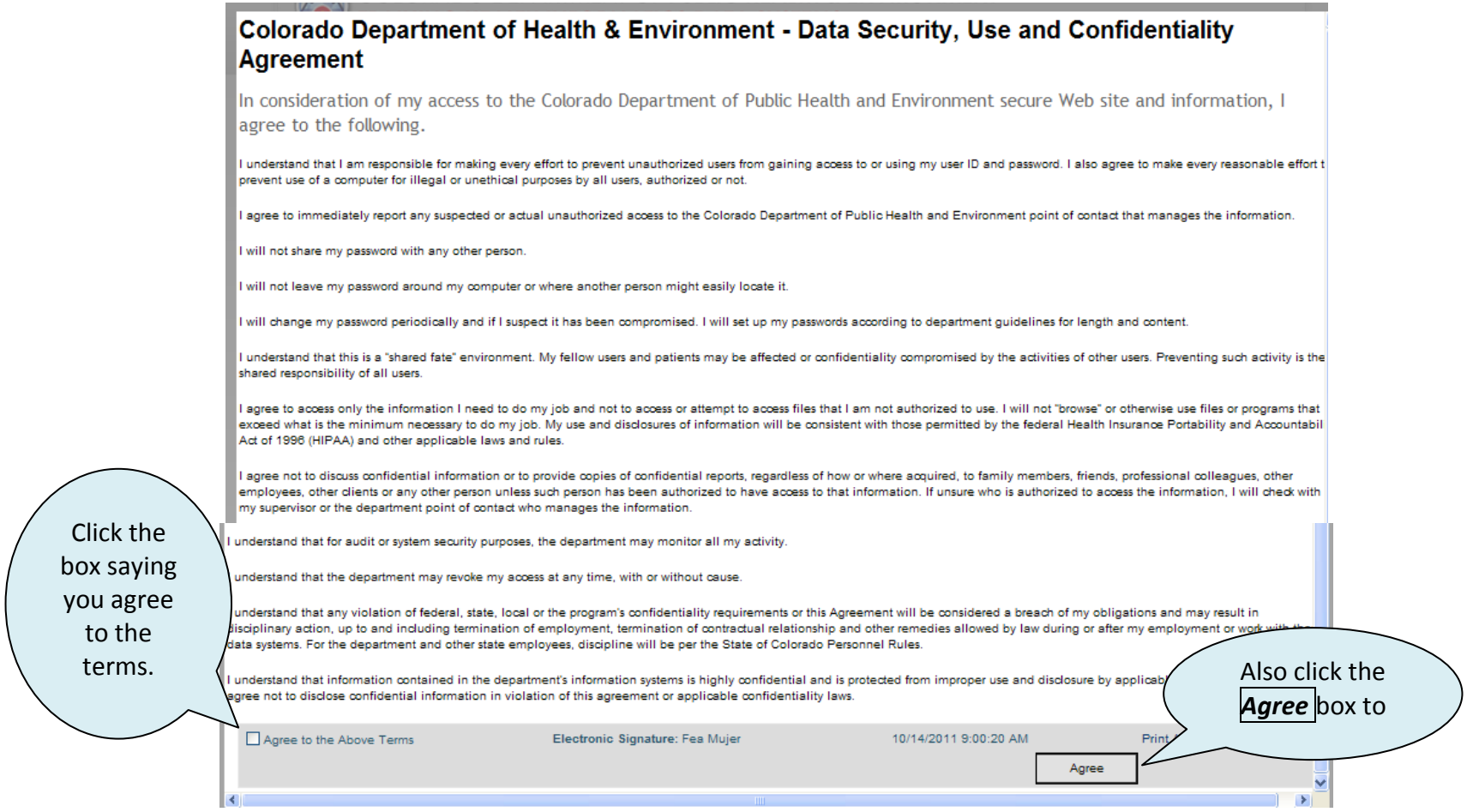
Select "**Health Care Program for Children with Special Needs**" from the Program Request drop down list.


REQUEST A NEW USER ACCOUNT
Required Information for Account Request
Last Name: Building
First Name: Office
Middle Name:
E-mail: OB@mail.com
Security Question: What was the name of your high school?
Security Answer: Northwest
Program Request: Health Care Program for Children with Special Needs
Site Request: Alamosa County Public Health
Send Request
Click here to submit your request for a new user account.

Select your primary site drop down list. Staff that enter data for more than one HCP site can send an email with those site names to the Data Coordinator at Dale.Knochenmus@state.co.us. A future enhancement to CYSHCN will automate this process.

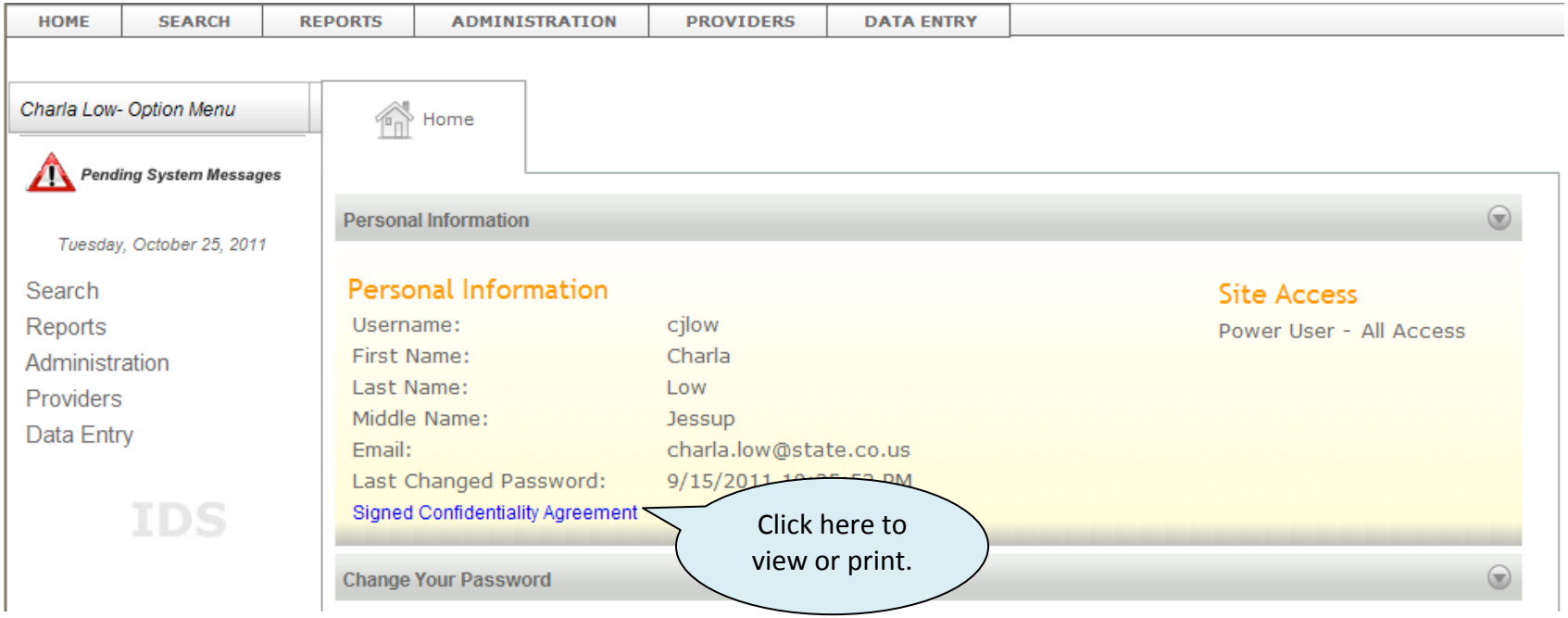
Click on **Send Request**

The **CDPHE Data Security, Use and Confidentiality Agreement** shown below will appear.

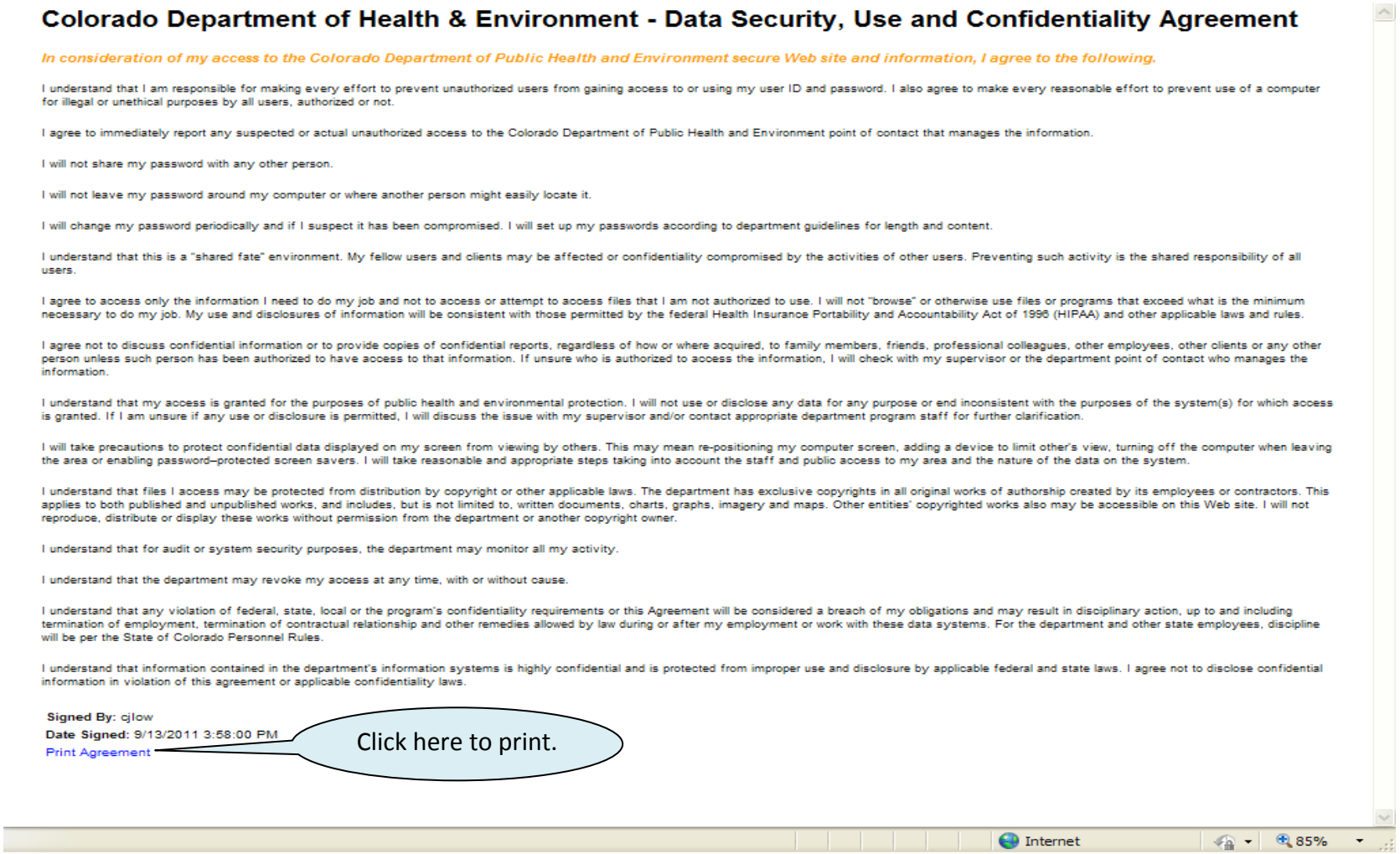

Colorado Department of Health & Environment - Data Security, Use and Confidentiality Agreement
In consideration of my access to the Colorado Department of Public Health and Environment secure Web site and information, I agree to the following.
I understand that I am responsible for making every effort to prevent unauthorized users from gaining access to or using my user ID and password. I also agree to make every reasonable effort t prevent use of a computer for illegal or unethical purposes by all users, authorized or not.
I agree to immediately report any suspected or actual unauthorized access to the Colorado Department of Public Health and Environment point of contact that manages the information.
I will not share my password with any other person.
I will not leave my password around my computer or where another person might easily locate it.
I will change my password periodically and if I suspect it has been compromised. I will set up my passwords according to department guidelines for length and content.
I understand that this is a "shared fate" environment. My fellow users and patients may be affected or confidentiality compromised by the activities of other users. Preventing such activity is the shared responsibility of all users.
I agree to access only the information I need to do my job and not to access or attempt to access files that I am not authorized to use. I will not "browse" or otherwise use files or programs that exceed what is the minimum necessary to do my job. My use and disclosures of information will be consistent with those permitted by the federal Health Insurance Portability and Accountabil Act of 1996 (HIPAA) and other applicable laws and rules.
I agree not to discuss confidential information or to provide copies of confidential reports, regardless of how or where acquired, to family members, friends, professional colleagues, other employees, other clients or any other person unless such person has been authorized to have access to that information. If unsure who is authorized to access the information, I will check with my supervisor or the department point of contact who manages the information.
I understand that for audit or system security purposes, the department may monitor all my activity.
understand that the department may revoke my access at any time, with or without cause.
understand that any violation of federal, state, local or the program's confidentiality requirements or this Agreement will be considered a breach of my obligations and may result in disciplinary action, up to and including termination of employment, termination of contractual relationship and other remedies allowed by law during or after my employment or work with th data systems. For the department and other state employees, discipline will be per the State of Colorado Personnel Rules.
I understand that information contained in the department's information systems is highly confidential and is protected from improper use and disclosure by applicab agree not to disclose confidential information in violation of this agreement or applicable confidentiality laws.
Agree to the Above Terms
Electronic Signature: Fea Mujer
10/14/2011 9:00:20 AM
Print
Agree
Click the box saying you agree to the terms.
Also click the Agree box to

Please read the agreement (readable text located on page 96 of the manual), click the **Agree to the Above Terms** box on the lower left corner, then click the **Agree** button on the lower right to continue. You must do both steps.

You may now click on "**Signed Confidentiality Agreement"** to view and print for your records.



To close the confidentiality agreement, use the back ⬅ in your tool bar. This is the ONLY place in the data system that you use the arrow.



Colorado Department of Health & Environment - Data Security, Use and Confidentiality Agreement

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I agree to immediately report any suspected or actual unauthorized access to the Colorado Department of Public Health and Environment point of contact that manages the information.

I will not share my password with any other person.

I will not leave my password around my computer or where another person might easily locate it.

I will change my password periodically and if I suspect it has been compromised. I will set up my passwords according to department guidelines for length and content.

I understand that this is a "shared fate" environment. My fellow users and clients may be affected or confidentiality compromised by the activities of other users. Preventing such activity is the shared responsibility of all users.

I agree to access only the information I need to do my job and not to access or attempt to access files that I am not authorized to use. I will not "browse" or otherwise use files or programs that exceed what is the minimum necessary to do my job. My use and disclosures of information will be consistent with those permitted by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws and rules.

I agree not to discuss confidential information or to provide copies of confidential reports, regardless of how or where acquired, to family members, friends, professional colleagues, other employees, other clients or any other person unless such person has been authorized to have access to that information. If unsure who is authorized to access the information, I will check with my supervisor or the department point of contact who manages the information.

I understand that my access is granted for the purposes of public health and environmental protection. I will not use or disclose any data for any purpose or end inconsistent with the purposes of the system(s) for which access is granted. If I am unsure if any use or disclosure is permitted, I will discuss the issue with my supervisor and/or contact appropriate department program staff for further clarification.

I will take precautions to protect confidential data displayed on my screen from viewing by others. This may mean re-positioning my computer screen, adding a device to limit other's view, turning off the computer when leaving the area or enabling password–protected screen savers. I will take reasonable and appropriate steps taking into account the staff and public access to my area and the nature of the data on the system.

I understand that files I access may be protected from distribution by copyright or other applicable laws. The department has exclusive copyrights in all original works of authorship created by its employees or contractors. This applies to both published and unpublished works, and includes, but is not limited to, written documents, charts, graphs, imagery and maps. Other entities' copyrighted works also may be accessible on this Web site. I will not reproduce, distribute or display these works without permission from the department or another copyright owner.

I understand that for audit or system security purposes, the department may monitor all my activity.

I understand that the department may revoke my access at any time, with or without cause.

I understand that any violation of federal, state, local or the program's confidentiality requirements or this Agreement will be considered a breach of my obligations and may result in disciplinary action, up to and including termination of employment, termination of contractual relationship and other remedies allowed by law during or after my employment or work with these data systems. For the department and other state employees, discipline will be per the State of Colorado Personnel Rules.

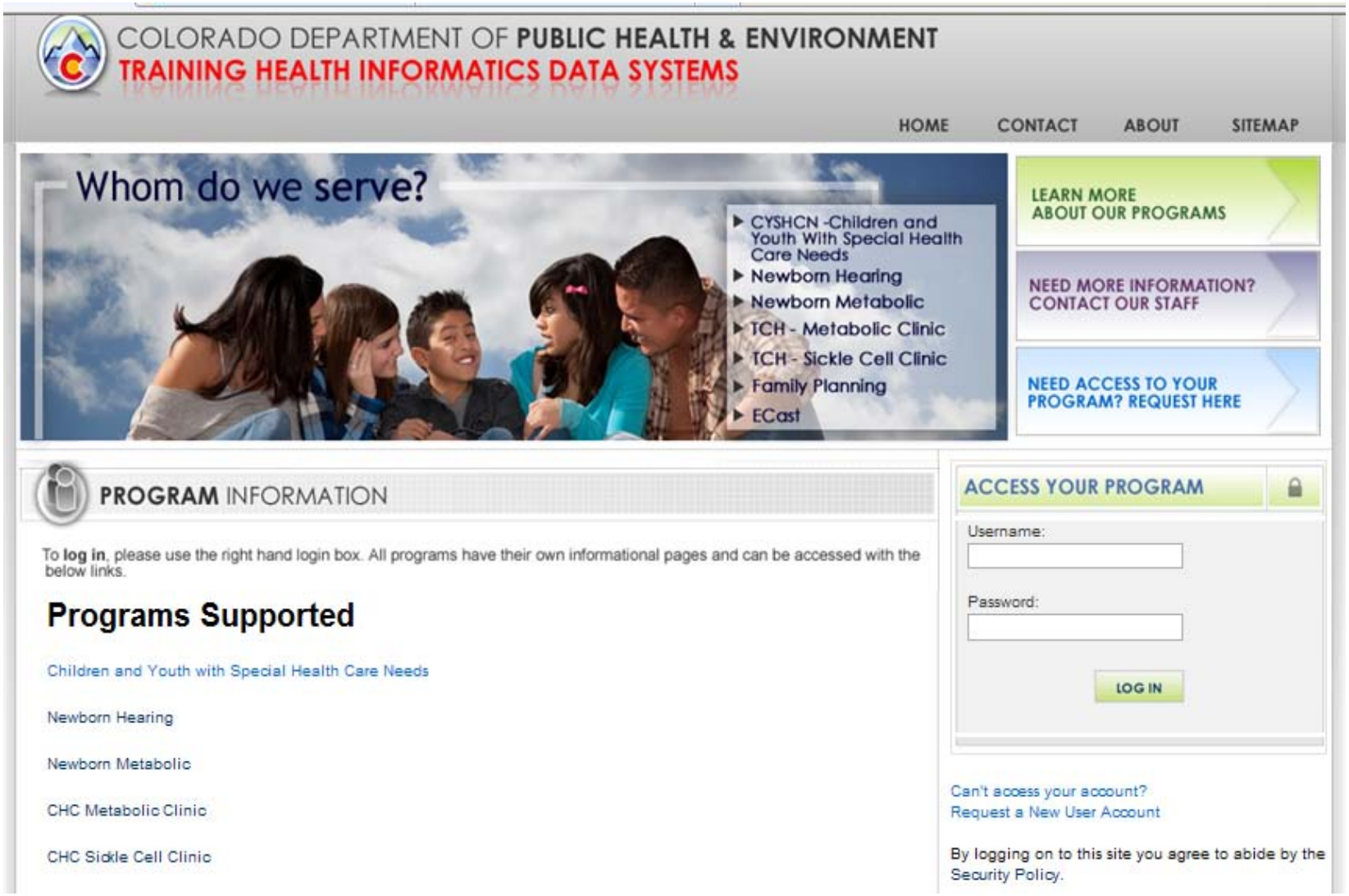
I understand that information contained in the department's information systems is highly confidential and is protected from improper use and disclosure by applicable federal and state laws. I agree not to disclose confidential information in violation of this agreement or applicable confidentiality laws.

Signed By: cjlow
Date Signed: 9/13/2011 3:58:00 PM
Print Agreement

Click here to print.

Internet 85%

Colorado Department of Public Health and Environment Health Informatics Data System Home Page:


COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
TRAINING HEALTH INFORMATICS DATA SYSTEMS
HOME
CONTACT
ABOUT
SITEMAP
Whom do we serve?
CYSHCN -Children and Youth With Special Health Care Needs
Newborn Hearing
Newborn Metabolic
TCH - Metabolic Clinic
TCH - Sickle Cell Clinic
Family Planning
ECast
LEARN MORE ABOUT OUR PROGRAMS
NEED MORE INFORMATION? CONTACT OUR STAFF
NEED ACCESS TO YOUR PROGRAM? REQUEST HERE
PROGRAM INFORMATION
To log in, please use the right hand login box. All programs have their own informational pages and can be accessed with the below links.
Programs Supported
Children and Youth with Special Health Care Needs
Newborn Hearing
Newborn Metabolic
CHC Metabolic Clinic
CHC Sickle Cell Clinic
ACCESS YOUR PROGRAM
Username:
Password:
LOG IN
Can't access your account?
Request a New User Account
By logging on to this site you agree to abide by the Security Policy.

The *Children and Youth with Special Health Care Needs* (CYSHCN) Data System collects data related to HCP Care Coordination services.

CYSHCN Data System Help Desk – 303-692-2384

Moving Through the Data System

Shortcuts and Helpful Hints

- **Required Data -** Required data fields in the data system have an Orange background. If you try to save the screen without first completing the orange fields you will receive the following message either on the screen itself or in a pop-up box: **Required Entry: Required Field Missing [name of missing field]**.

- Use the **Tab** key or your mouse to move through the system. Do not use the directional arrows on your keyboard, as using them will take you back to the home page.

- **F11** – To make the screen larger, you may want to display it in "Full Screen" mode. Click on F11 to hide the web browser toolbars. When you need to access the toolbars again, click on F11 again to return to the normal view.

- **NEVER** use Toolbar back ⬅ and forward ➡ arrows at the top left of your screen. Using the arrows will close the CYSHCN Data System. You will need to re-open the system and log in again to continue entering data.

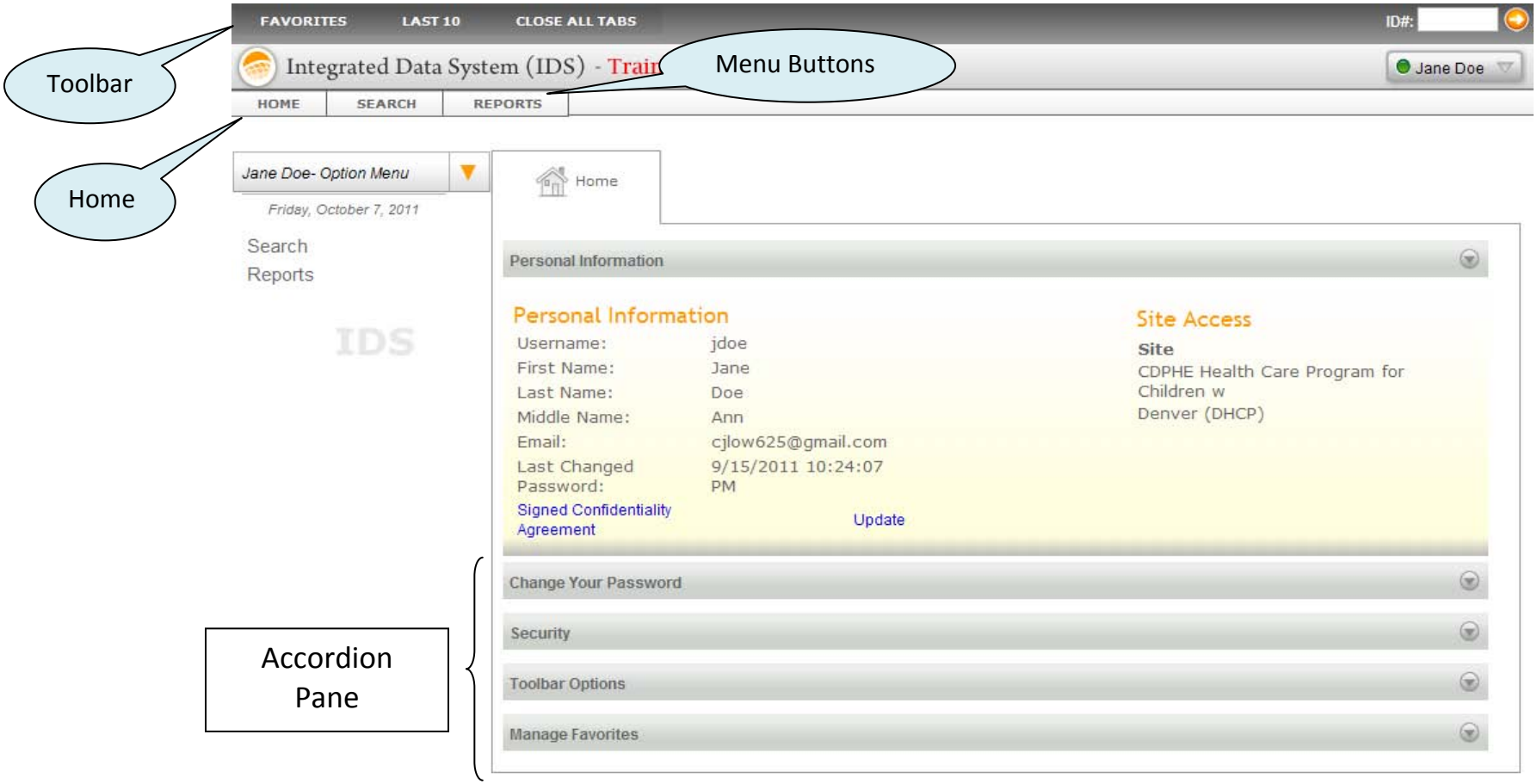
- The CYSHCN Data System times out after a period of inactivity. If you sign back into the system within 20 minutes from the time the system locks you out, you will still be on the screen you were last working on. If the time out period is greater than 20 minutes, you will return to the system's Home screen.

- When you have finished your session on **CYSHCN**, log out of the system by clicking on **Logout.**

Integrated Data Systems Screens

The CYSHCN Data System is one of the data systems in the Colorado Department of Public Health and Environment's Integrated Data Systems (IDS).
When you first open the system, the system will open the Home screen, the first option on the menu.

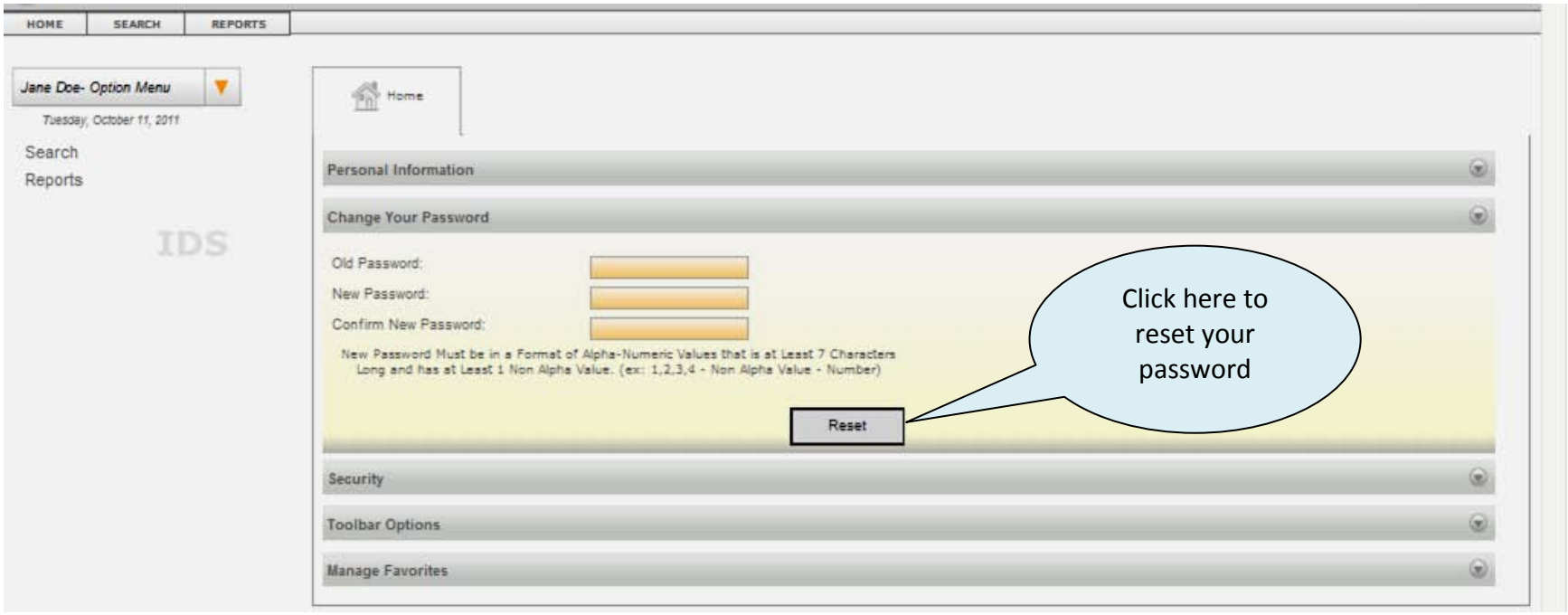
Home



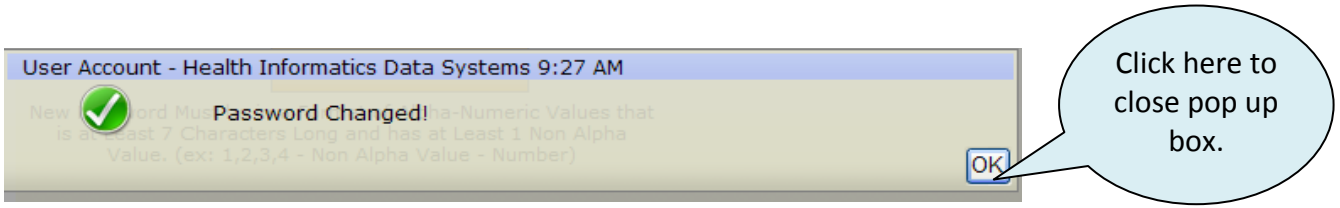
Each of the gray bars going across the screen in the Accordion Pane shown above opens up, one at a time, to allow you to change other options.

Change Password

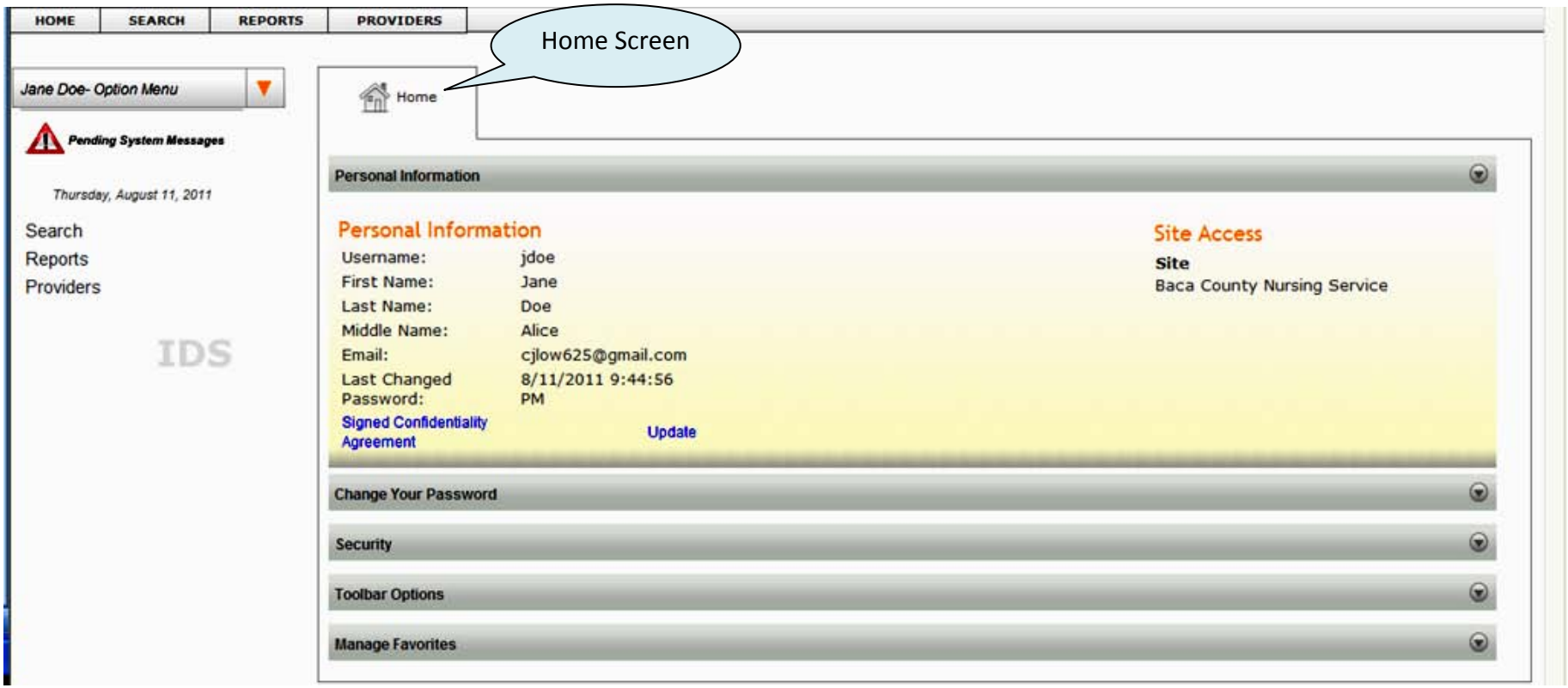
To change your password, click the down arrow on the right side of the bar. Your password must conform to the standards for passwords that appear under the **Confirm New Password** entry box: "New password MUST be in a format of alpha-numeric values that is at least 7 characters long and has at least 1 non-alpha-numeric value. (E.g. 1,2,3,4, - Non-alpha value – number.)" Type in your old password and your new one. Type in the new password again to confirm. Click on Reset to save the change.



Once you complete these steps, a pop up box will indicate that your password has been changed successfully.

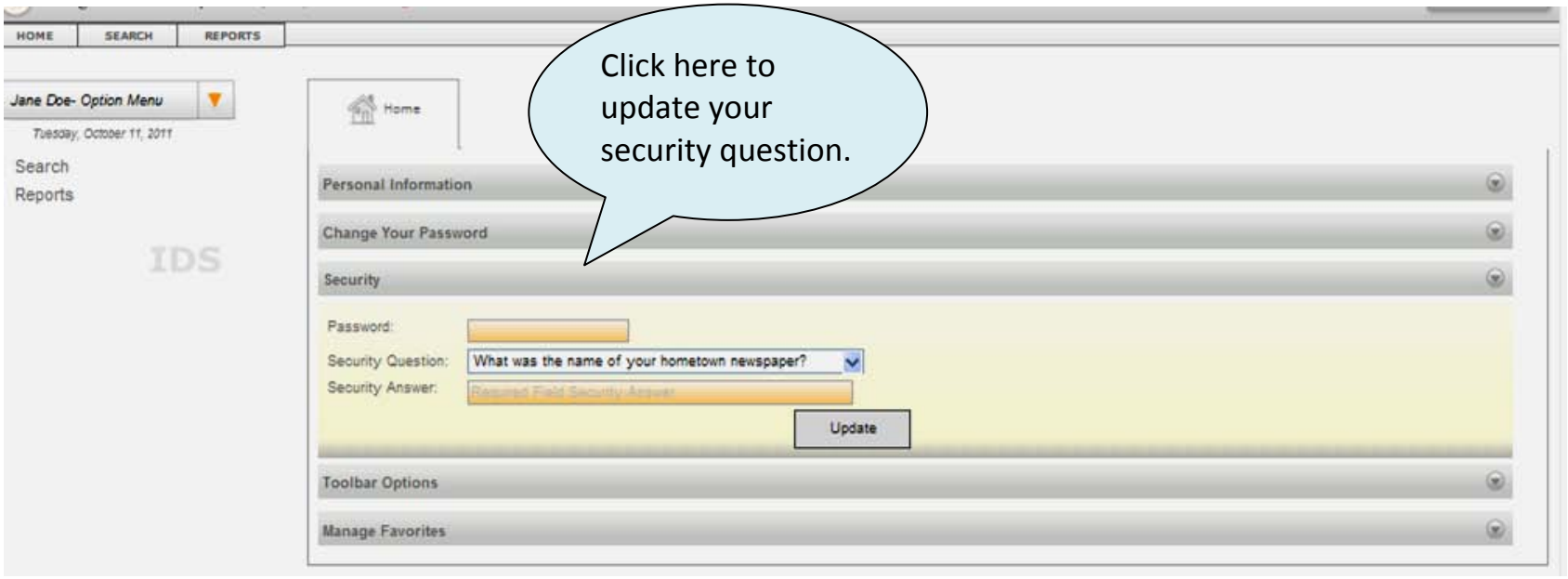


Click on OK to close the pop up box and return to the **Home** screen.



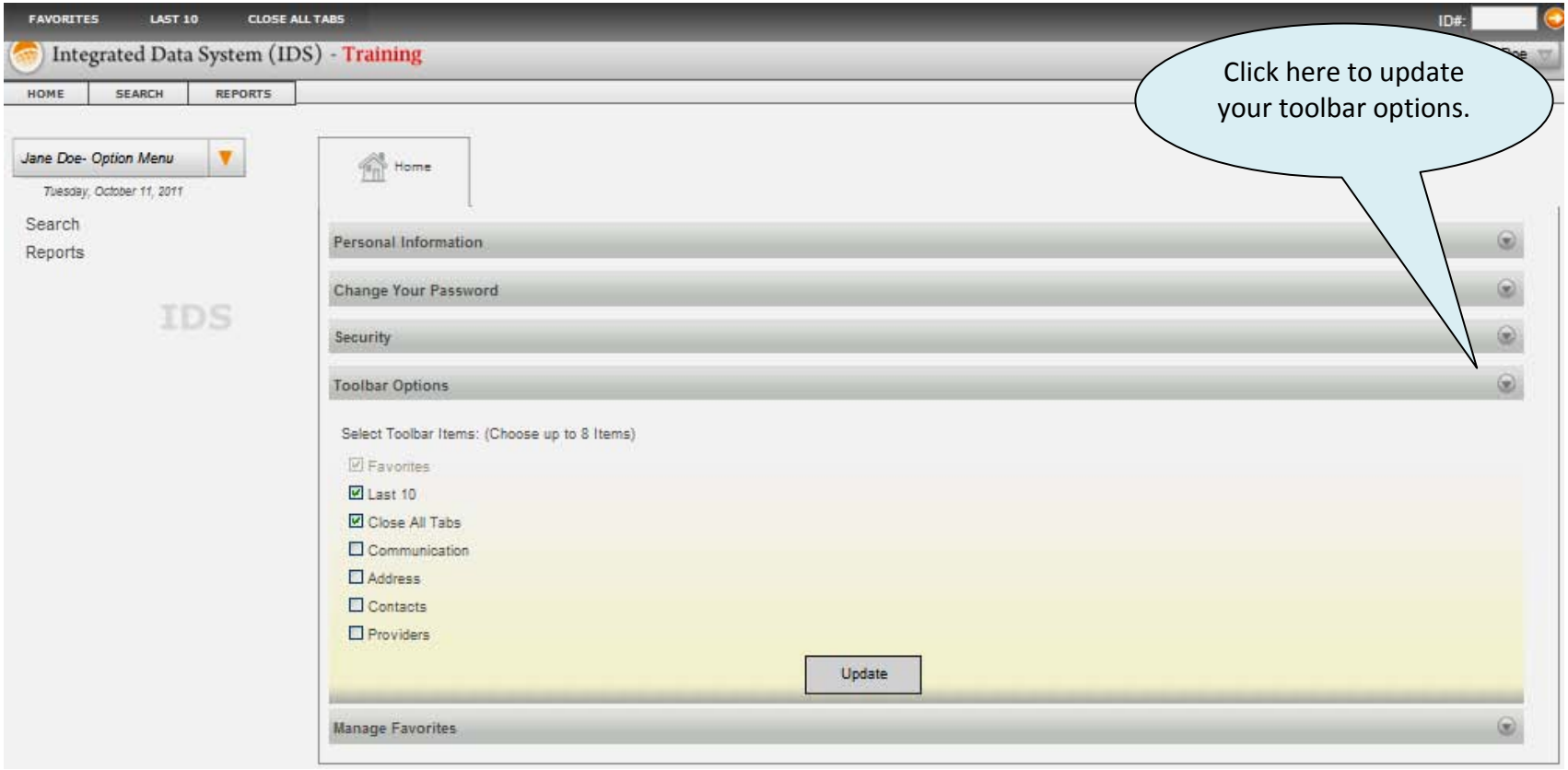
Security

To update your security question, click on gray the **security** line. Enter your password, select a new question and type the answer. Click on Update to save.



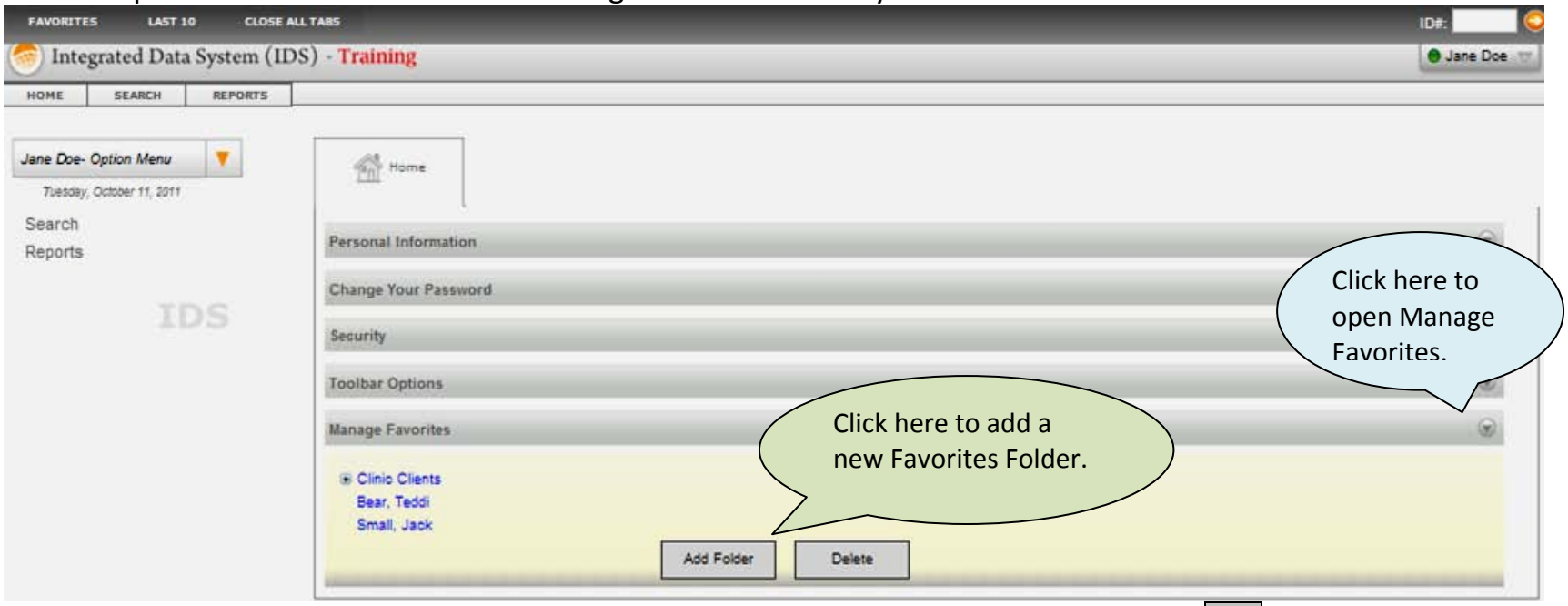
Toolbar Options

You have several different toolbar options that you can add to your toolbar. Click on the downward arrow on the Toolbar Options line. Then, click the boxes that you want to have visible in the toolbar, and click on Update to save.

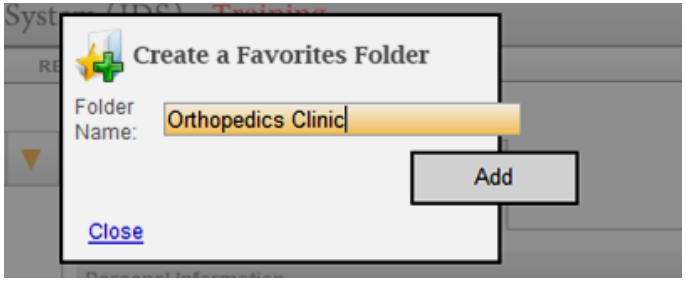


Manage Favorites

The last option on the Home screen is Manage Favorites. Here you will be able to add or delete favorites.



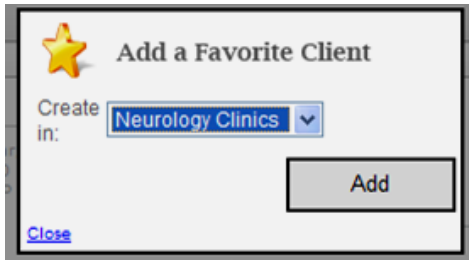
When the following box appears, type in the name you want for the folder and click on Add.



You can add as many folders as needed.

To add a client to the folder, go to the client's record and click on **Add to Favorites.**

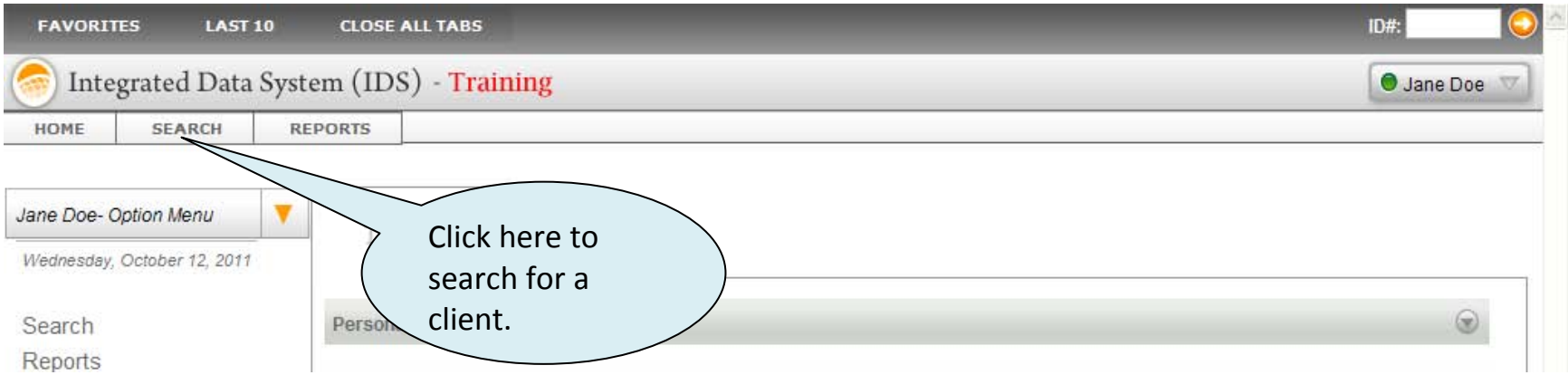
Select the appropriate folder from the drop down list in the pop up box below, then press Add.



You may add the client to as many favorite folders as needed.

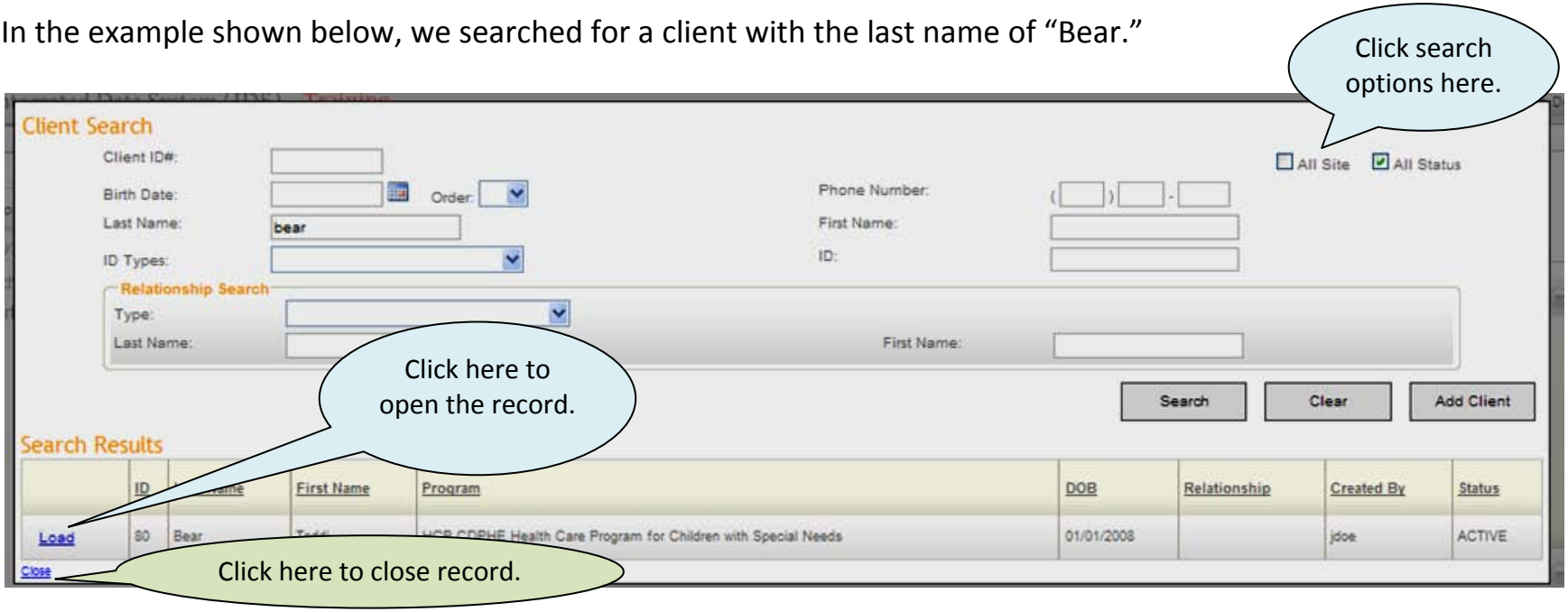
Search

Any time you plan to enter a new client or find an existing client, click on the Search menu button.



Once clients are entered into the **CYSHCN Data System,** you will be able to search for and find them using the Search menu button. Enter data into the screen for any of the fields that will help you locate the client (example: last name, first name, date of birth…).

In the example shown below, we searched for a client with the last name of “Bear.”



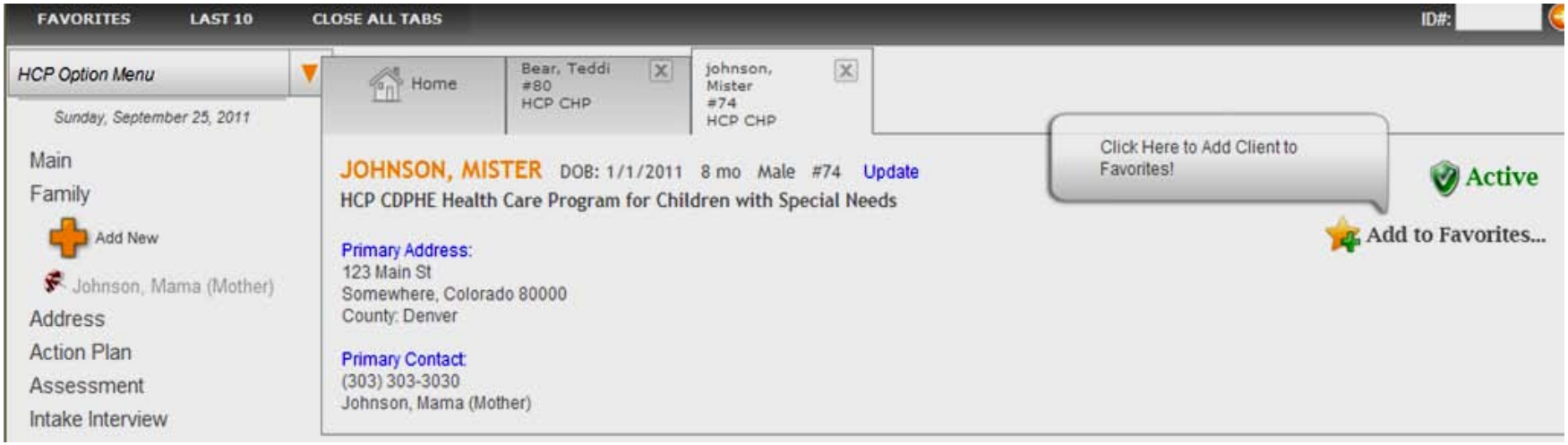
Before searching for a client, make sure you mark the appropriate client search options in the top right of the window. Checking the “**All Site**” box will search all HCP sites for your criteria. Checking the “**All Status**” box will consider all client statuses and not just the Active clients.

We recommend that you mark both boxes when searching for a new client you expect to register. Sometimes clients move around the state and have been registered in another location.

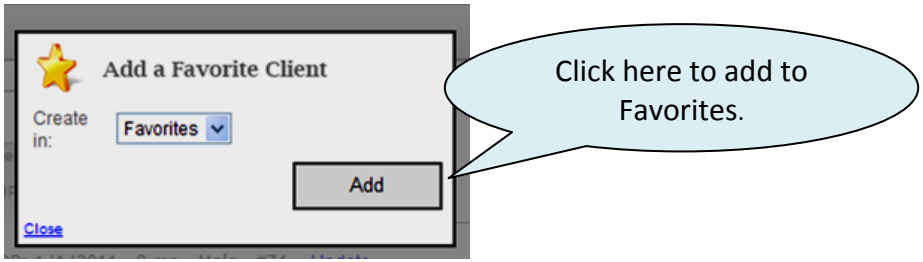
Click on **Load** to open the client’s record or **Close**.

Adding Favorites

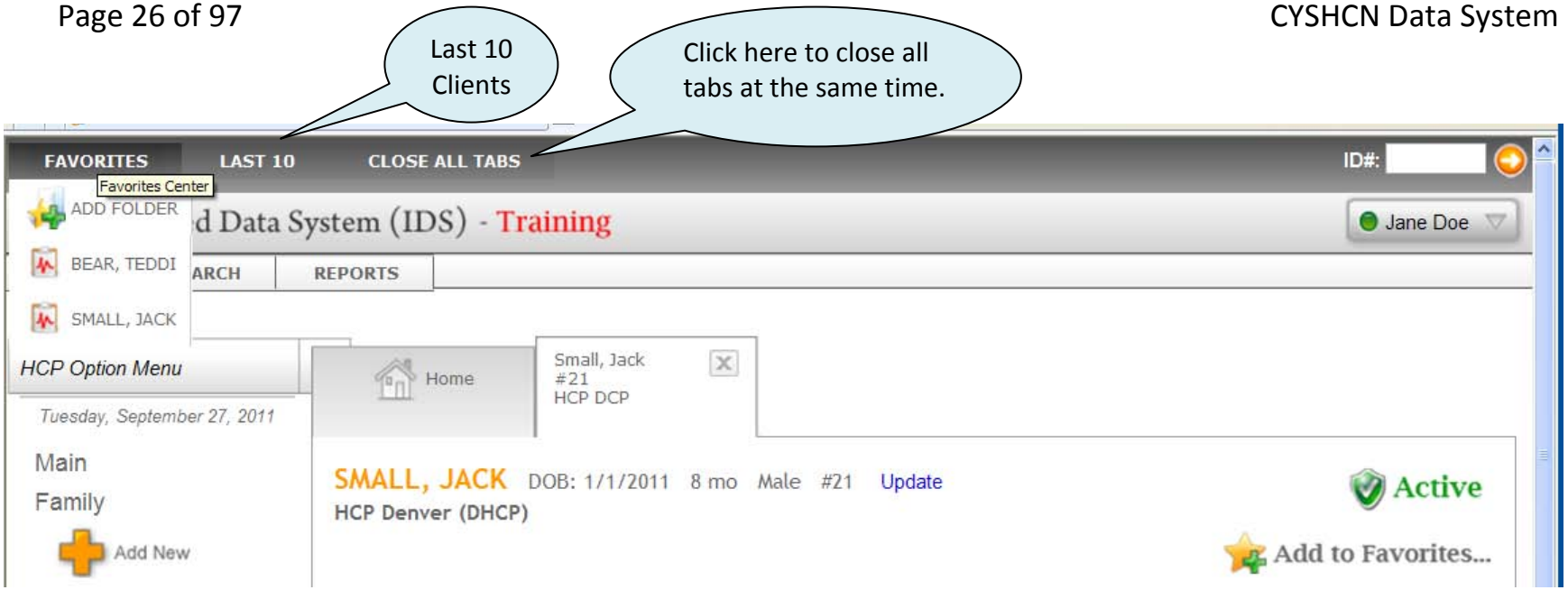
If this client is one you will be seeing on an ongoing basis and entering data for frequently, you may want to add him/her as a favorite.



Click on Add to Favorites. When this pop up appears, click **Add**.



Now you can go to your **Favorites** tab and click on the client to open his record.



The data system automatically stores the last 10 client records that you have opened. To see those, click on Last 10. When you open a new client when there are already 10 clients in the Last 10 list, the system will add the new client and delete the oldest one from the list.

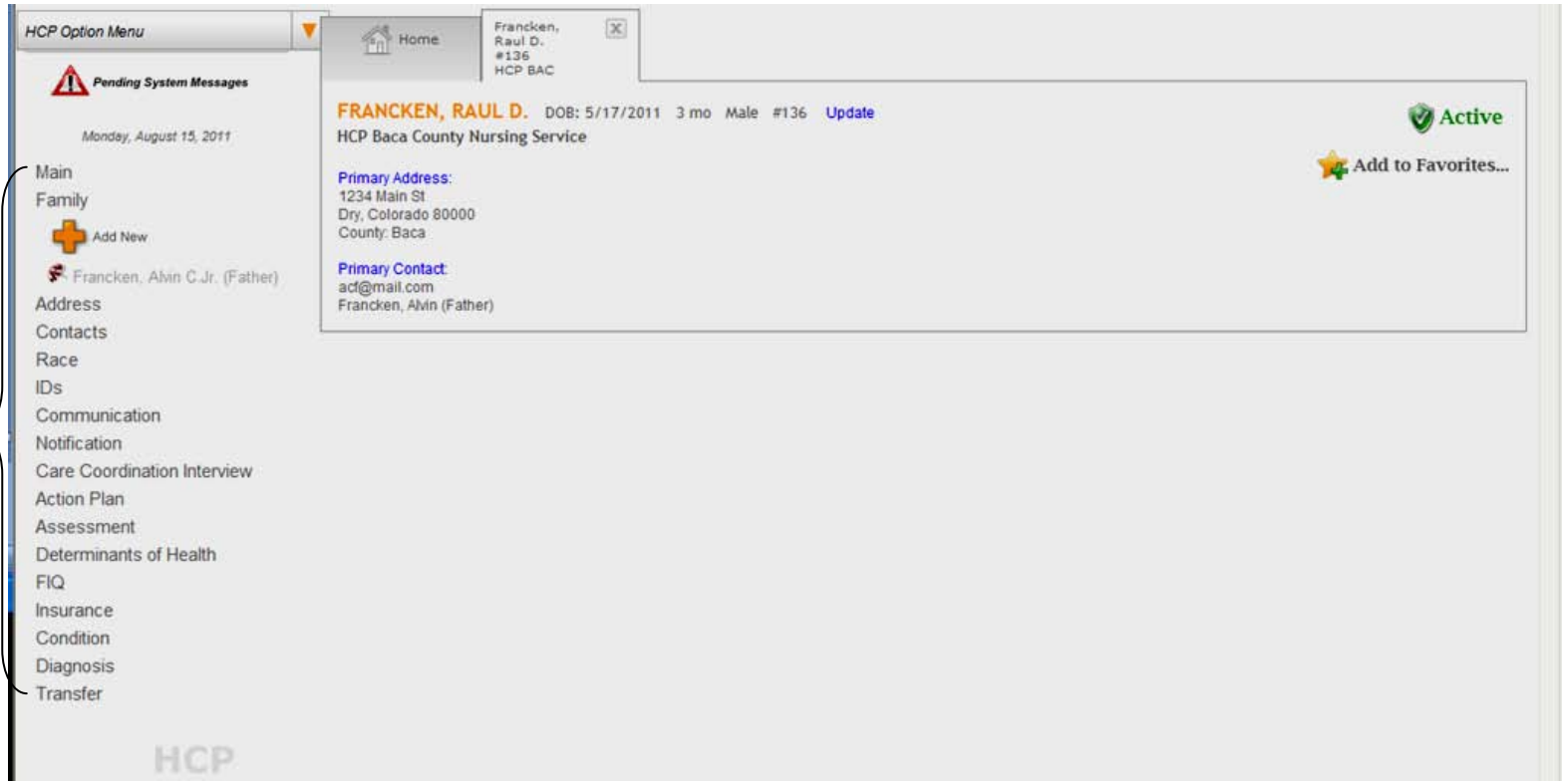
Close All Tabs

The **Close All Tabs** option provides you with a convenient and quick way to close all client tabs simultaneously.

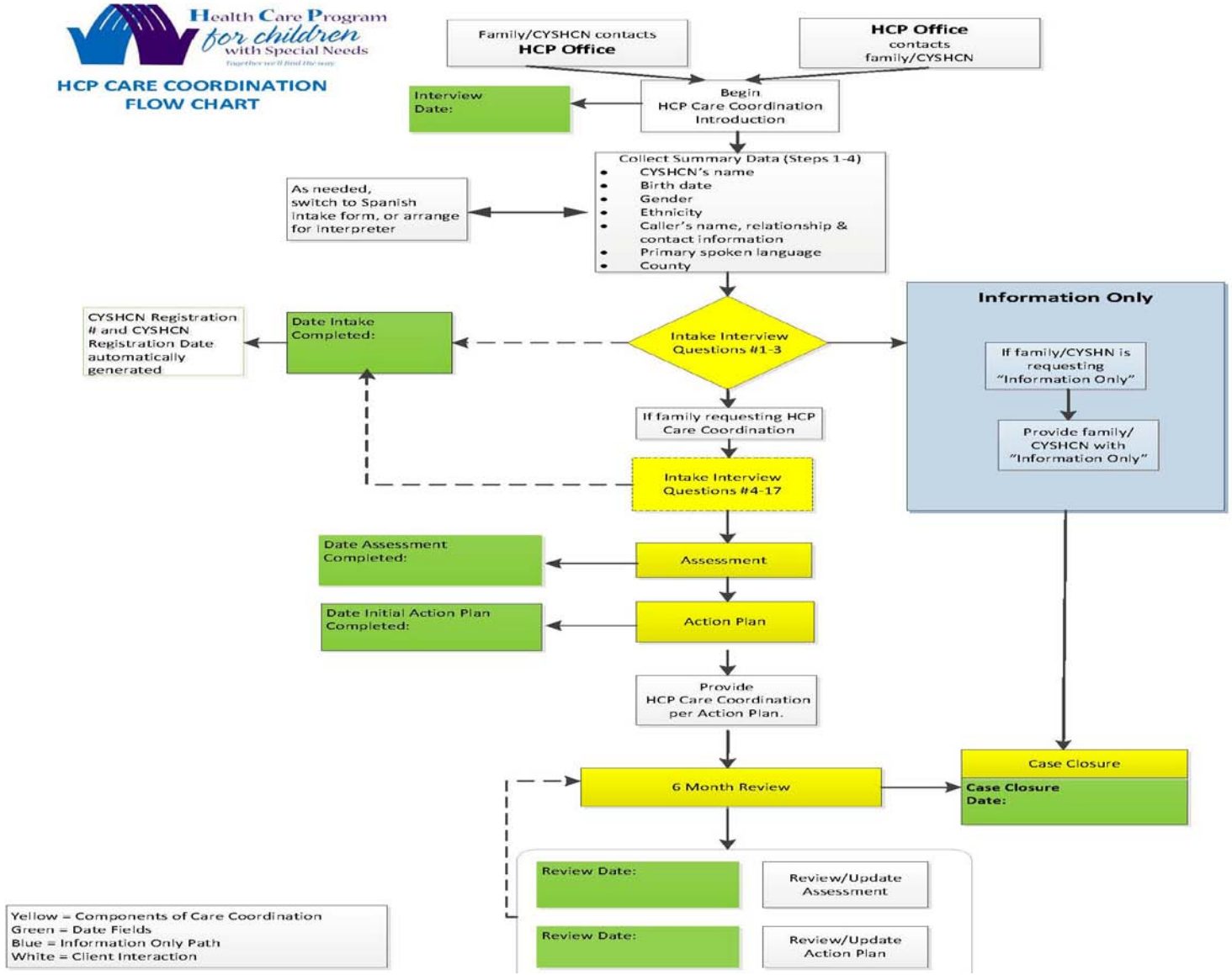
HCP Option Menu

We call the list of screens in the data system the *HCP Option Menu* or "tree." You may click on any of the items in the list to add or modify information.

The ***HCP Option Menu*** or ***"tree."***

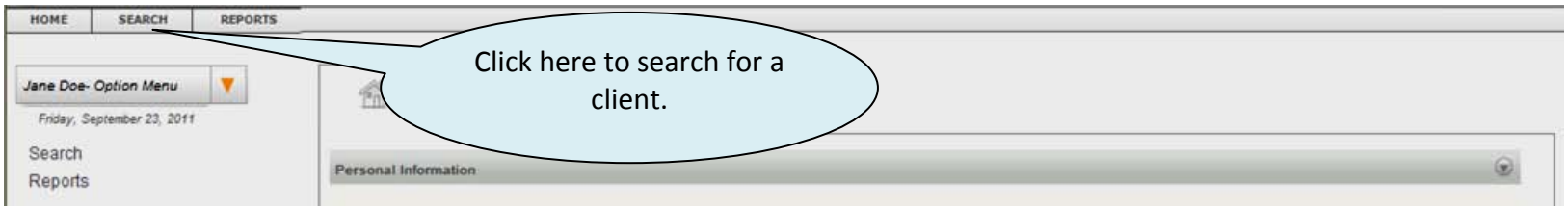


Care Coordination – HCP Care Coordination Flow Chart



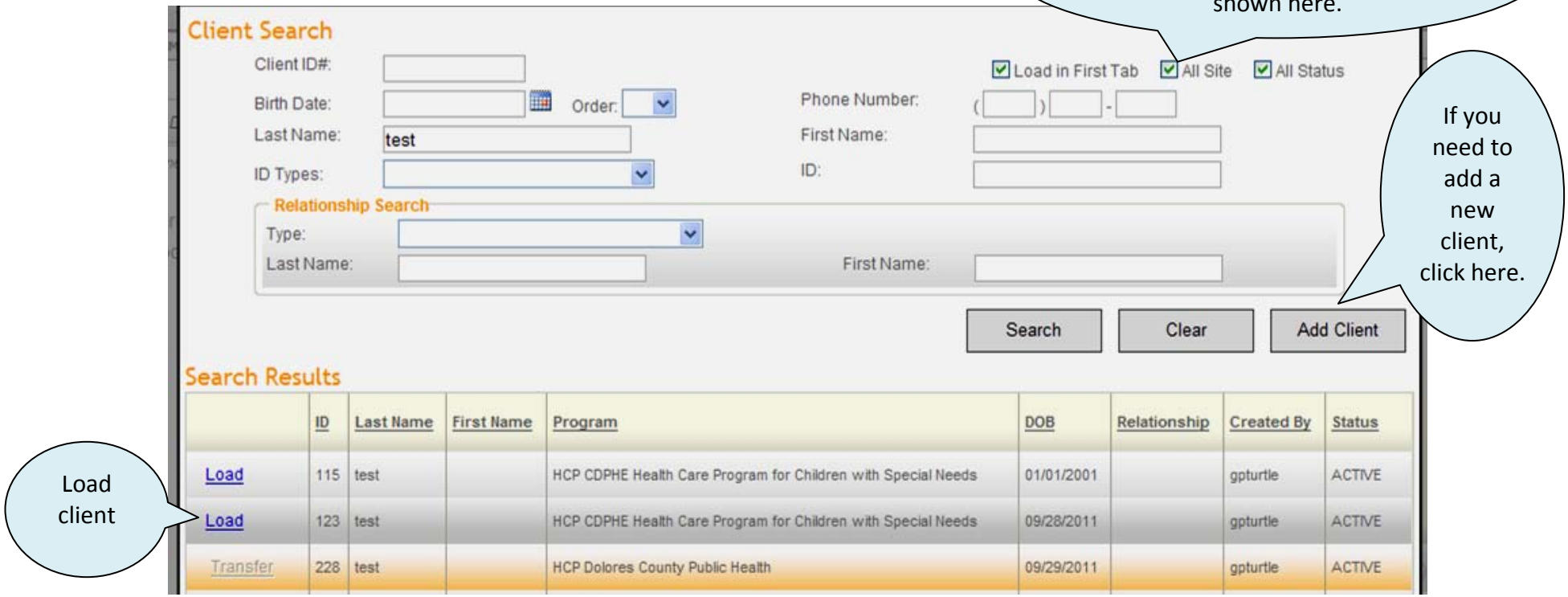
Registering a Client

Click on the **Search** tab to begin registering a child.



Use the **SEARCH** button to check to see if the child is already registered in the system. Begin by typing a client's name and personal information into the fields on this screen to search for an existing client.

When you have a new client to register, click the boxes for both **All Site <u>and</u> All Status** at the top right of the screen so the data system will search all HCP sites, not just the ones to which you have access. If you want the client to be the first tab, also click the **Load in First Tab** spot. Then type some criteria into at least one box to make sure that the client is not already registered in the *CYSHCN Data System*.
In the example below, we searched for a client with last name "Test." Three cli
the bottom of the screen.



If your new client is **<u>not</u>** one of those on the list, select **Add Client** to create a new child's file. If your client does appear as a client in your site, click on **<u>Load</u>** to the left of her/his client ID.

(**NOTE**: If your client **does appear** but in another HCP site, you will need to request that the existing site transfer the client to your site in the data system. If your new client is **not** one of those on the list, select **Add Client** to create a new child's file.)

New Client Registration *"Wizard"*

We call the process of entering a new client a "Wizard." **No data is saved into the data system until you have gone through the wizard and clicked on Finish after Step 4.** Use the tab key and your mouse to navigate through the wizard steps.

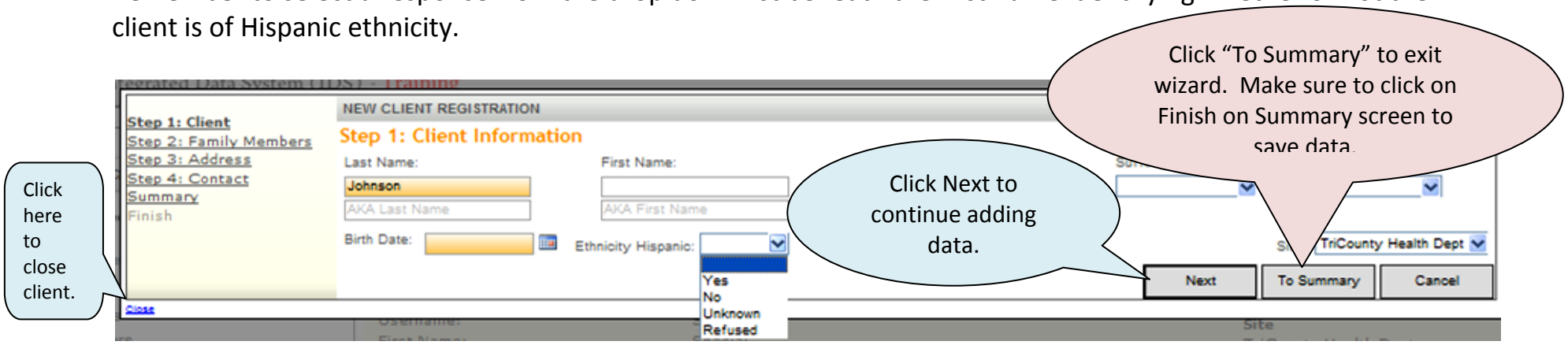
Step 1: **Client**

When you want to add a new client after searching, you will see that the criteria you typed into the search screen are already recorded in the client information screen.

NOTE: You can edit the pre-populated data here or click **close** in the bottom left corner to close the screen without saving any information. In this situation, you will lose any data you have entered.

To proceed with registration, fill out all of the other fields for which you have the information. The more data you input, the easier it is to ensure a unique client record.

Remember to select a response from the drop down list beneath the first name identifying whether or not the client is of Hispanic ethnicity.



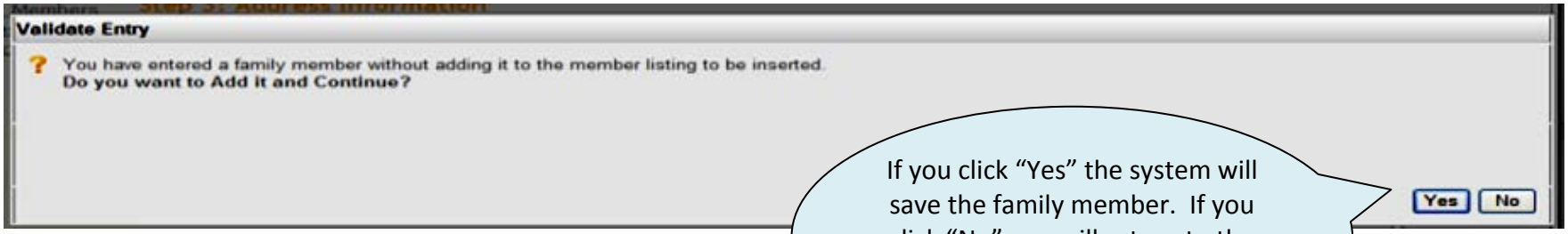
To continue adding data about the client using the wizard, select Next to move to the ***Family Members*** screen.

If you plan to add the rest of the data later, you can exit the wizard. However to save the client information, you must select To Summary and select ***Finish*** on the Summary screen. Failure to select Finish will delete all the data you entered after moving from the Search screen. (Please see page **XX** for further instructions.)

Step 2: **Family Members**

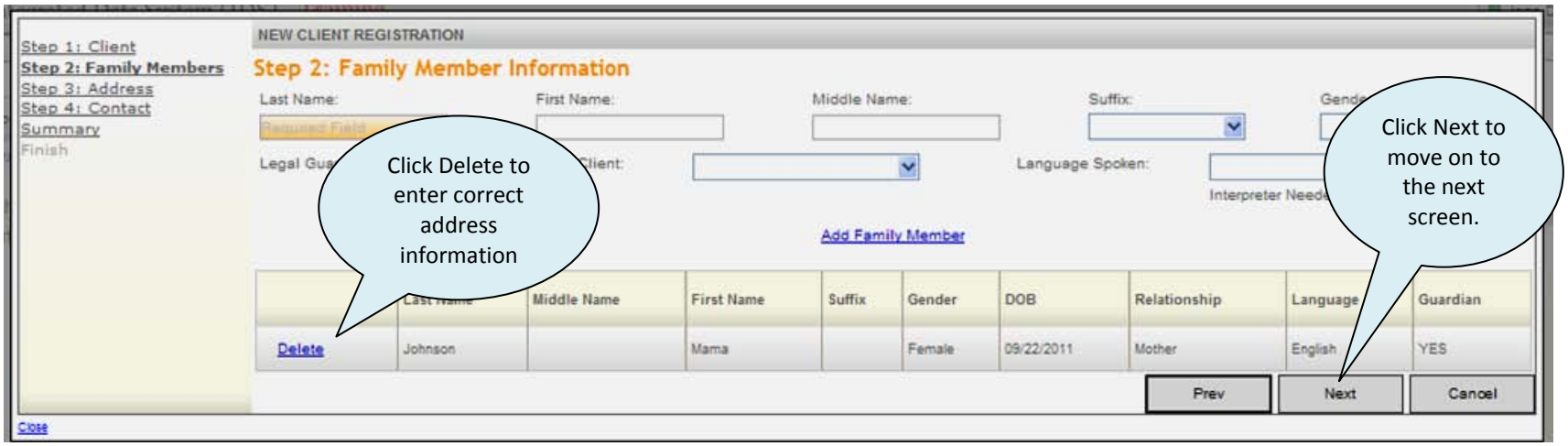
Enter the client's family members in this screen. Fill in as many fields as you can and click on Add Family Member to save. Continue to add as many family members as you wish by clicking Add Family Member to save each entry. When you have entered everyone, click on **Next** to proceed to the next screen.

Note: If you accidentally click **Next**, instead of Add Family Member, the system will ask you to validate the entry as shown in the next screen print. Select ***Yes*** to save. Click **No** if you do **not** want to add another family member.


Validate Entry
You have entered a family member without adding it to the member listing to be inserted.
Do you want to Add it and Continue?
Yes
No

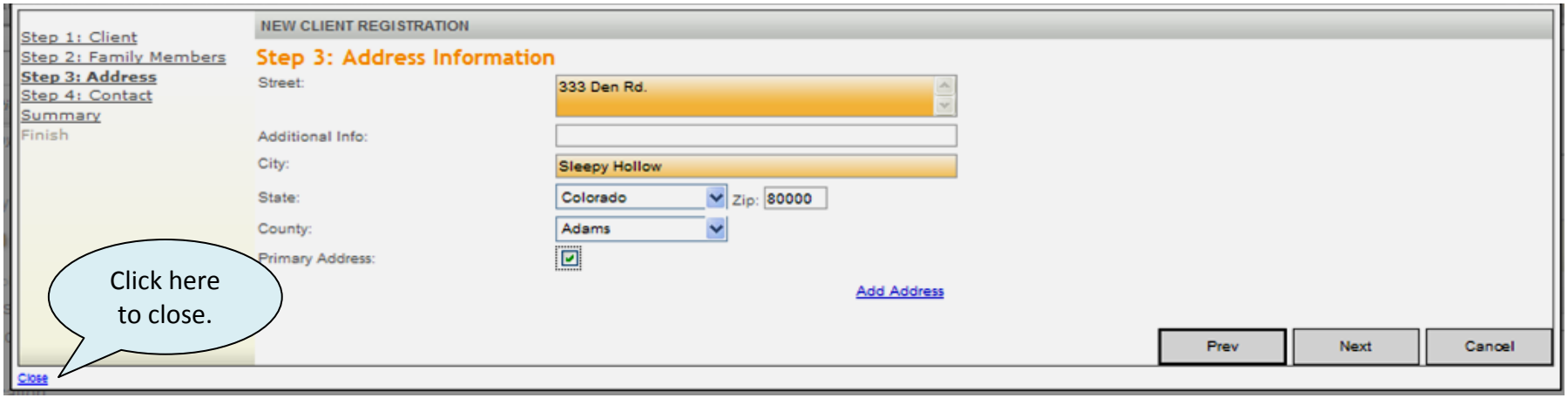
If you click "Yes" the system will save the family member. If you click "No" you will return to the family member screen.

The data system will return you to the ***Family Member Information*** screen showing the family member(s) you have entered. If you have made a mistake while entering the data, select **Delete** to return to the information screen and enter the correct information.



When you have finished adding family members, click on **Next** to move on to **Step 3, Address**.

Step 3: Address

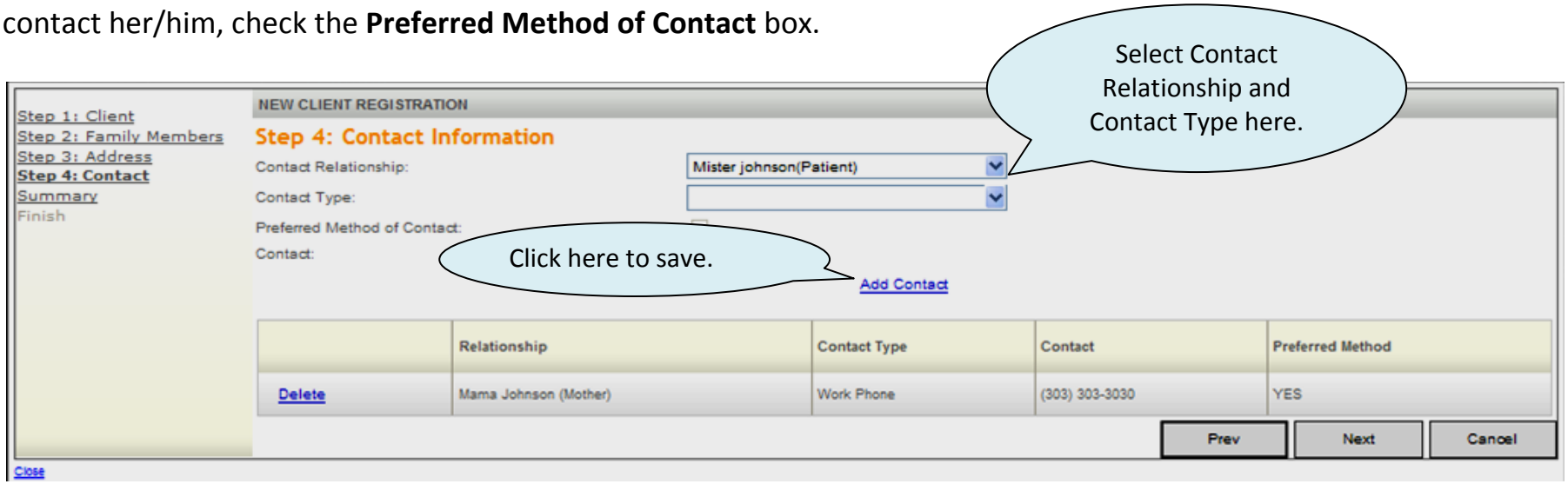


Enter address information and click **Add Address** to save. You can keep adding addresses, such as a PO Box, by repeating these steps. When you are ready to move to the next screen, click on **Next** when you are ready to move to the next step of registration, **Contact Information.**

Note: Clicking on **close** or **Cancel** will delete all the data you entered in the **Address** screen.

Step 4: Contact Information

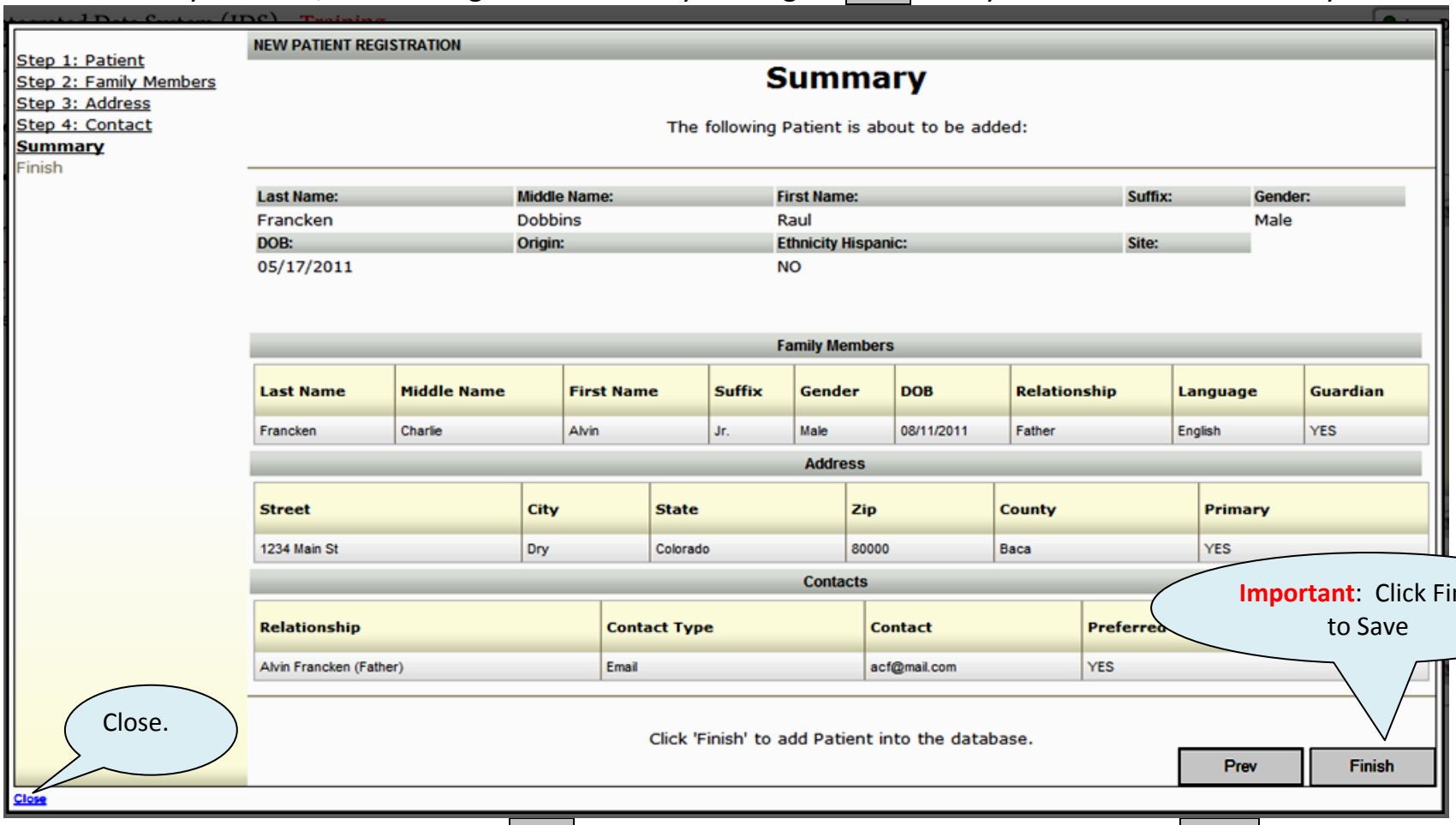
To add contact information for the client's family, select the family member/care giver whose information you are documenting from the drop down list. You can only enter contact information for people whom you have entered as family members. Also select the **Contact Type** from the drop down list and enter the contact information (i.e. cell phone number, email address, etc). If the contact person has a preference for how you contact her/him, check the **Preferred Method of Contact** box.



Click **Add Contact** to save. You can keep adding contacts, such as a telephone number by repeating these steps. Press **Next** when you are ready to move on to the next step.

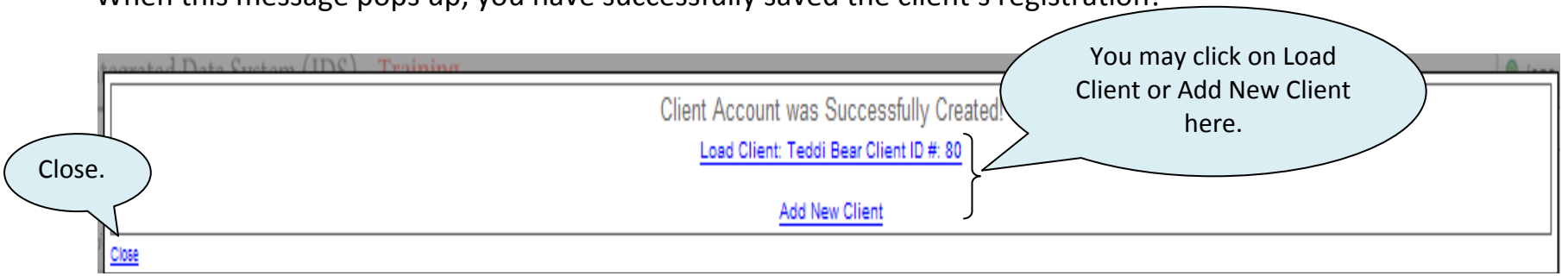
Summary

Review all the information you have entered that appears on the summary. If you need to make edits, click on **Prev** (previous) button to return to the data entry screen which contains the data you must correct. When you have made all your edits, click through the screens by clicking on **Next** until you return to the Summary.


Step 1: Patient
Step 2: Family Members
Step 3: Address
Step 4: Contact
Summary
Finish
NEW PATIENT REGISTRATION
Summary
The following Patient is about to be added:
Last Name: Francken
Middle Name: Dobbins
First Name: Raul
Suffix:
Gender: Male
DOB: 05/17/2011
Origin:
Ethnicity Hispanic: NO
Site:
Family Members
Last Name | Middle Name | First Name | Suffix | Gender | DOB | Relationship | Language | Guardian
Francken | Charlie | Alvin | Jr. | Male | 08/11/2011 | Father | English | YES
Address
Street | City | State | Zip | County | Primary
1234 Main St | Dry | Colorado | 80000 | Baca | YES
Contacts
Relationship | Contact Type | Contact | Preferred
Alvin Francken (Father) | Email | acf@mail.com | YES
Click 'Finish' to add Patient into the database.
Prev
Finish
Close.
Close
Important: Click Finish to Save

Note: To save the data, you must click **Next** to return to the Summary page and then click **Finish**. Hitting **Close** or **Cancel** will delete all the data you entered for this client's registration before completing these steps.

When this message pops up, you have successfully saved the client's registration!


You may click on Load Client or Add New Client here.
Client Account was Successfully Created!
Load Client: Teddi Bear Client ID #: 80
Add New Client
Close.
Close

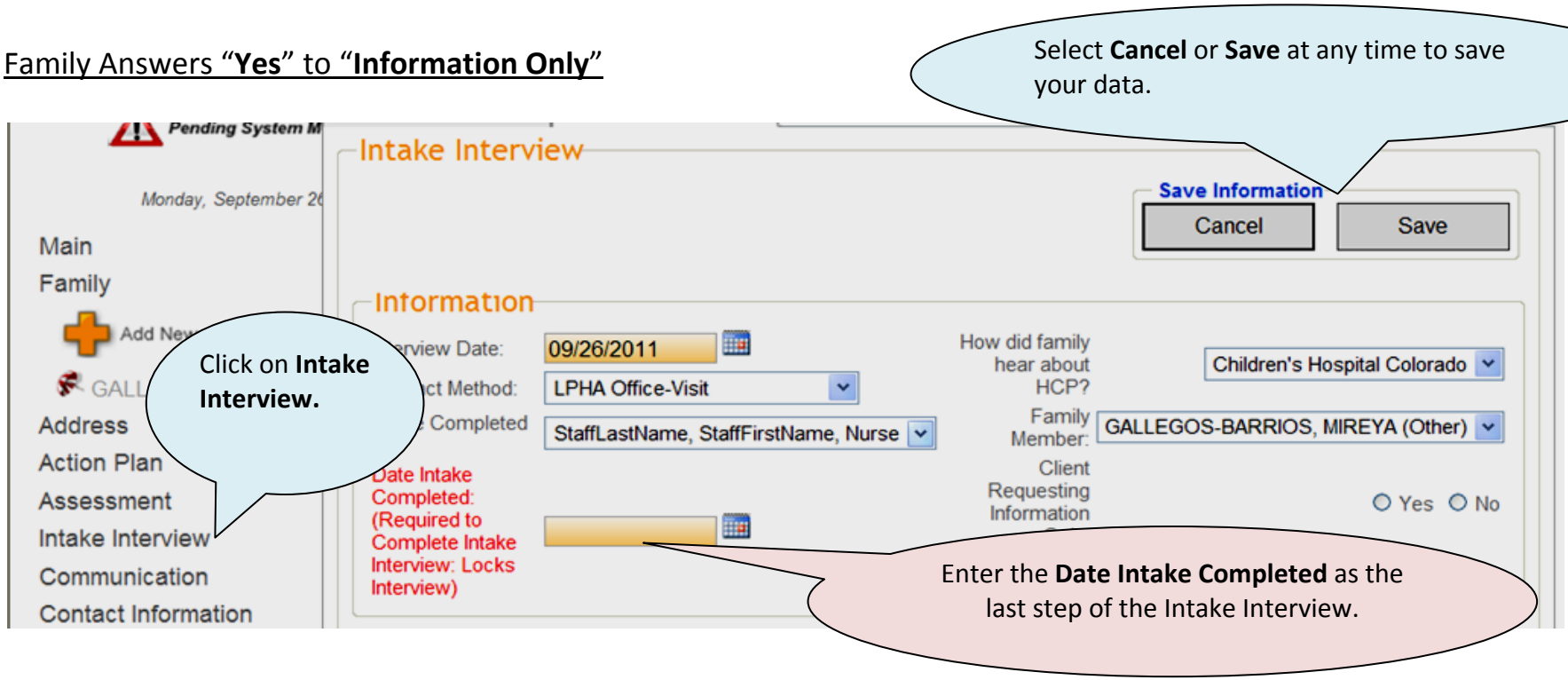
To continue working on this client, click on **Load Client**. To add another new client, click on **Add New Client**. To close the message screen, click on **Close** at the lower left hand corner of the message.

Care Coordination Intake Interview

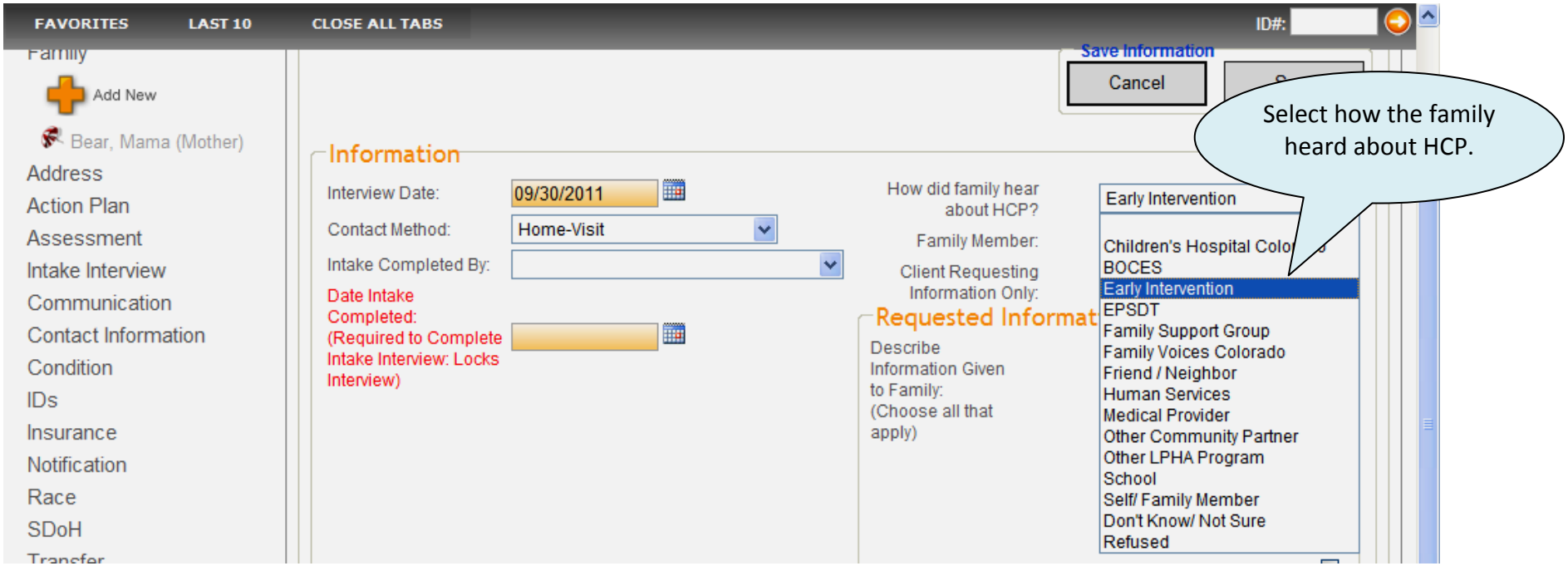
The first step in the HCP care coordination process is to complete the **Intake Interview** and enter this information into the data system. To begin, select **Intake Interview** from the HCP Option Menu.

NOTE: Do not enter the **Date Intake Completed** until you have answered all questions correctly. **When you save your data entry with the date, the system locks the form. You will no longer be able to edit your input.** You may save your data at any time by clicking **Save** or you may exit the Intake Interview by clicking on **Cancel** out of the Intake **Interview** form at any time by clicking on one of the boxes on the upper left of the screen. Either step will save the data you have entered into the Intake Interview.

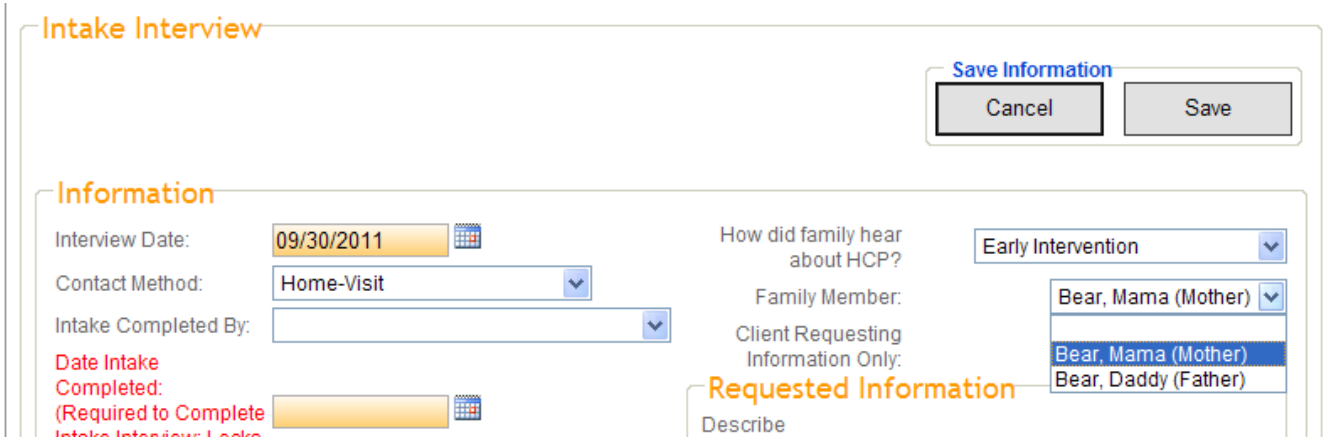
Family Answers "**Yes**" to "**Information Only**"



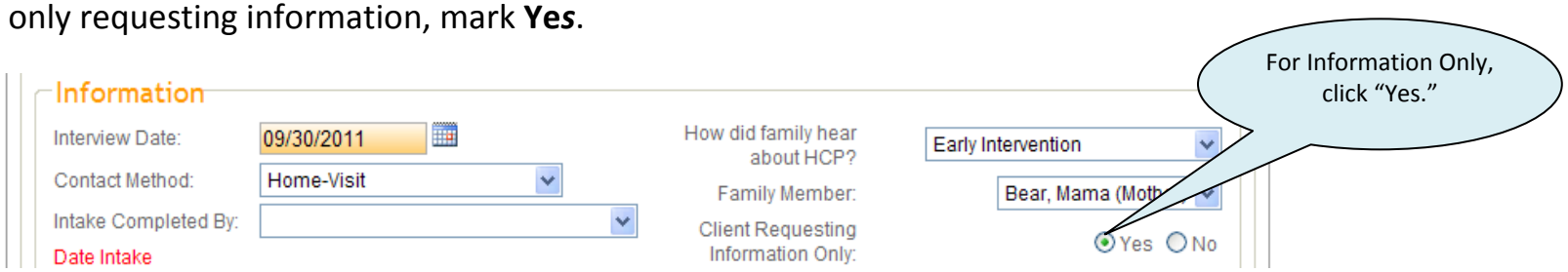
Select how the family heard about HCP from the drop down list.



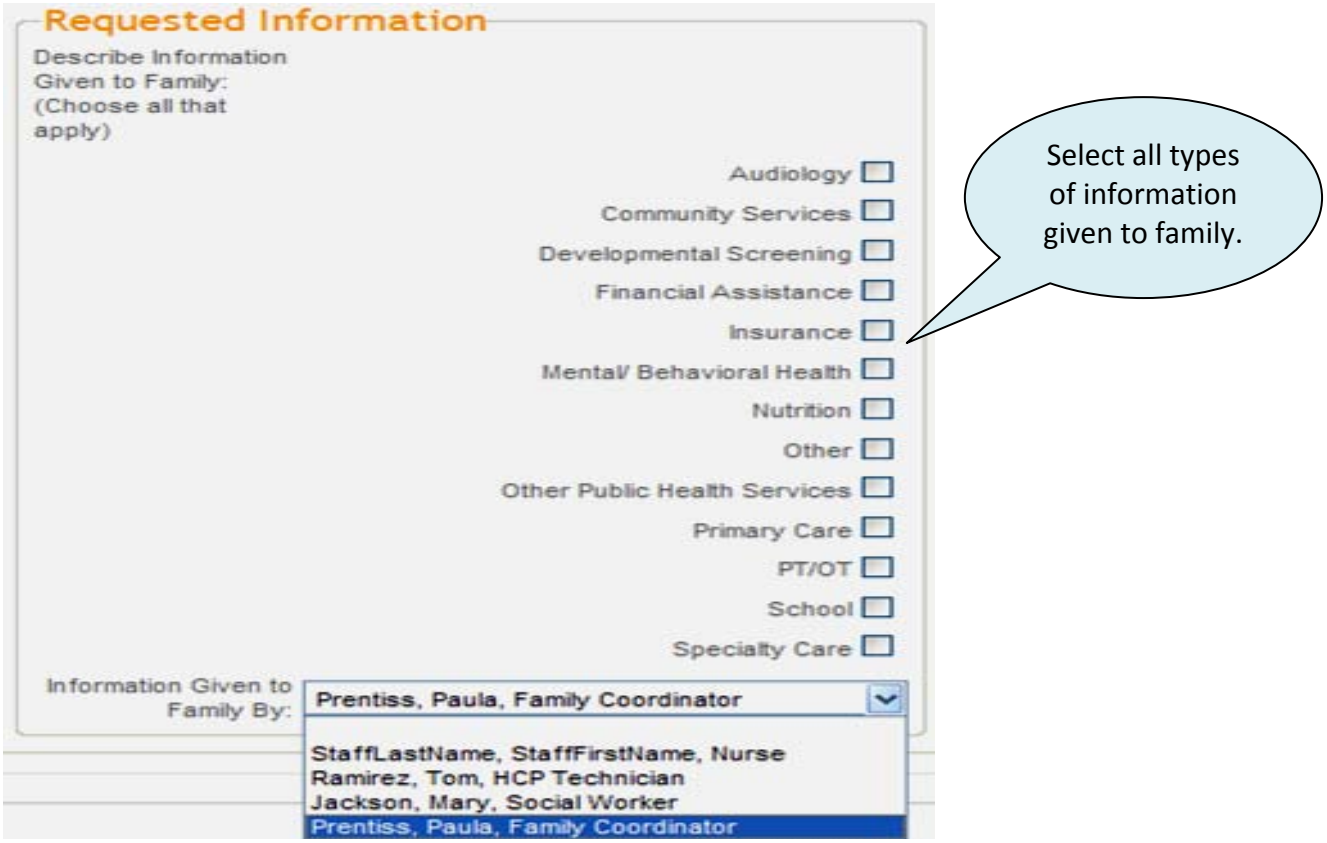
And select the family member asking for the information from the list of family members.



If the family is only requesting information, mark **Yes**.



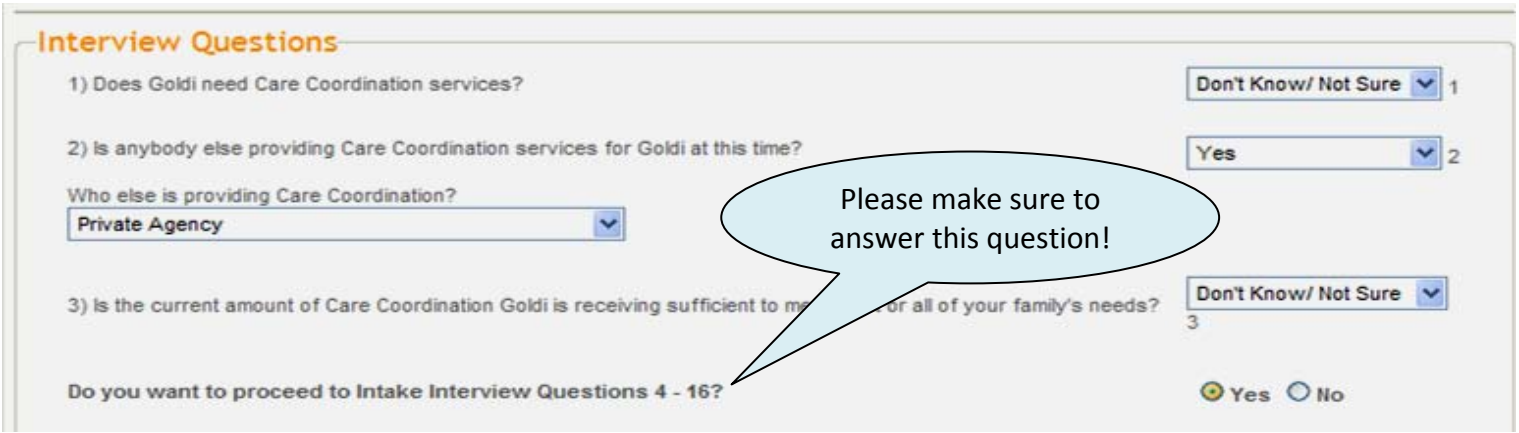
Upon clicking “yes,” a list of HCP resources pops up. Mark all of the appropriate boxes and select the staff person from the drop down list who is providing that information.



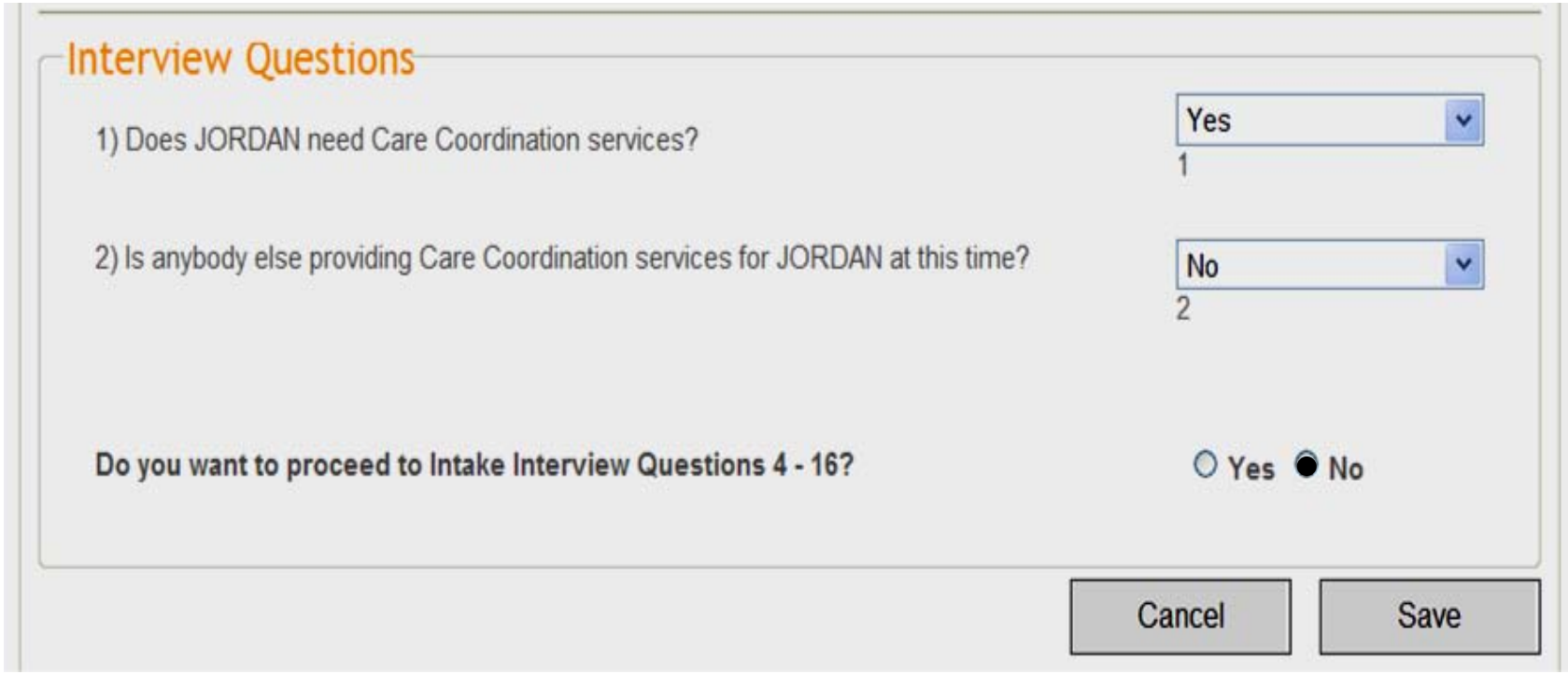
Move down the screen to answer the **Interview Questions** 1 through 3 which must be entered for all clients.

If you mark “Yes” to question 2, you will be asked to select the other care coordination provider.

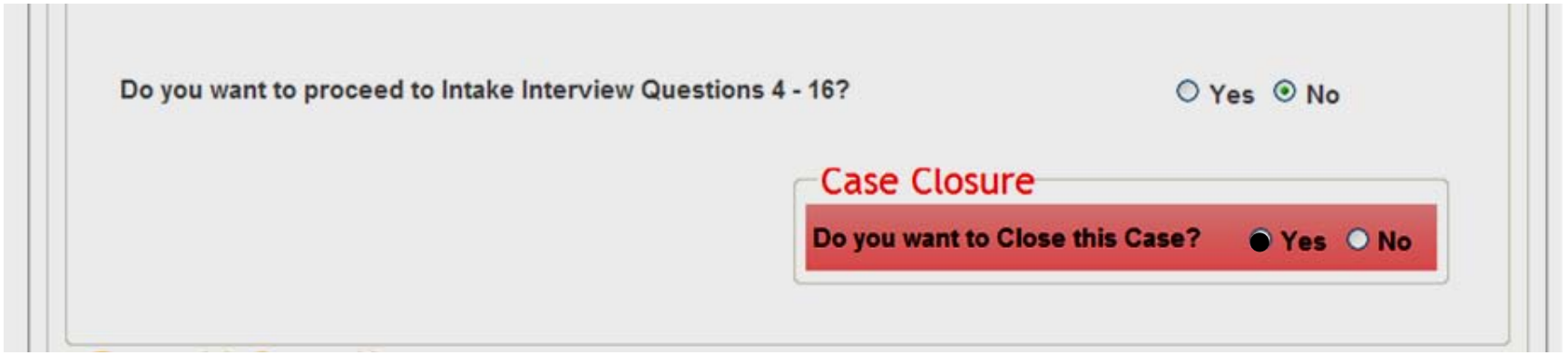
Please select an answer from the drop down list to question 3, and then check on Yes or No in response to “Do you want to proceed to Intake Interview Questions 4 – 16?”


Interview Questions
1) Does Goldi need Care Coordination services?
Don't Know/ Not Sure
1
2) Is anybody else providing Care Coordination services for Goldi at this time?
Yes
2
Who else is providing Care Coordination?
Private Agency
Please make sure to answer this question!
3) Is the current amount of Care Coordination Goldi is receiving sufficient to m
or all of your family's needs?
Don't Know/ Not Sure
3
Do you want to proceed to Intake Interview Questions 4 - 16?
Yes
No

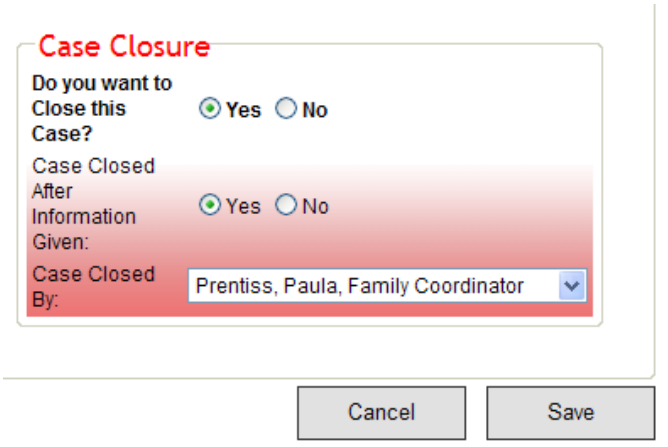
If you mark “No” to question 2, question number 3 will **not** appear.



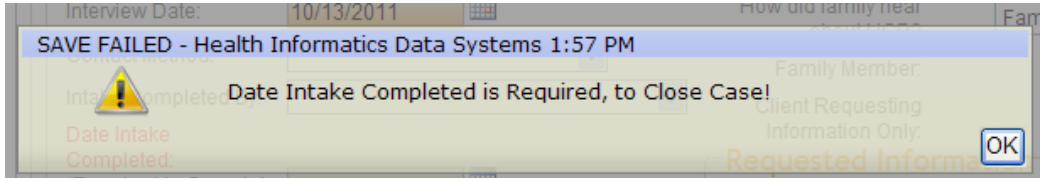
If you mark “No” to the question “Do you want to proceed to Intake Interview Questions 4 – 16?” the system asks you if you want to close the case. Click on **Save** before moving on. The system will ask if you want to close the case.



If you mark "**Yes"**, please answer the following questions that pop up in the red box. If you do want to close the client's case, scroll back to the top section of the form and fill in the **Date Intake Completed** box **before** you click on **Save**.



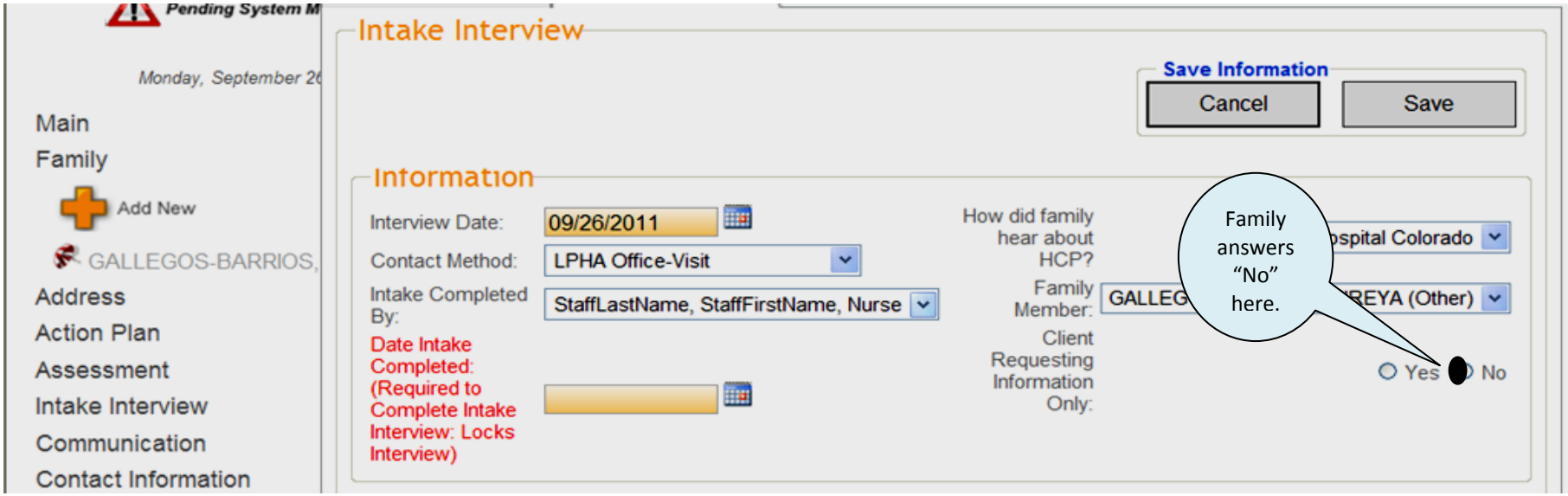
If the **Date Intake Completed** is not entered, you will see an error message:



The system will take you back to the Intake Interview screen where you can enter the completed date. When all the required data has been entered, you will be able to save the file.

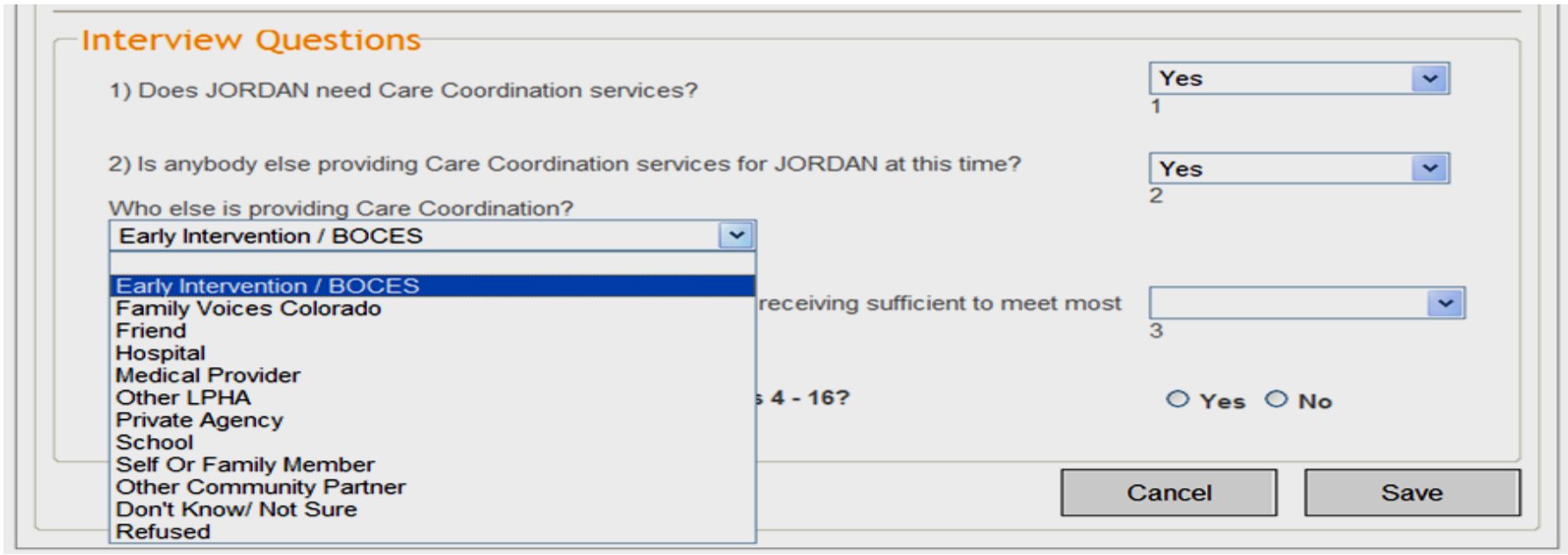
Family Answers "**No**" to **Information Only**

If you mark "**No**" to the question "Client Requesting Information Only," move down the screen to answer the Interview Questions 1 through 3 which must be entered for all clients.

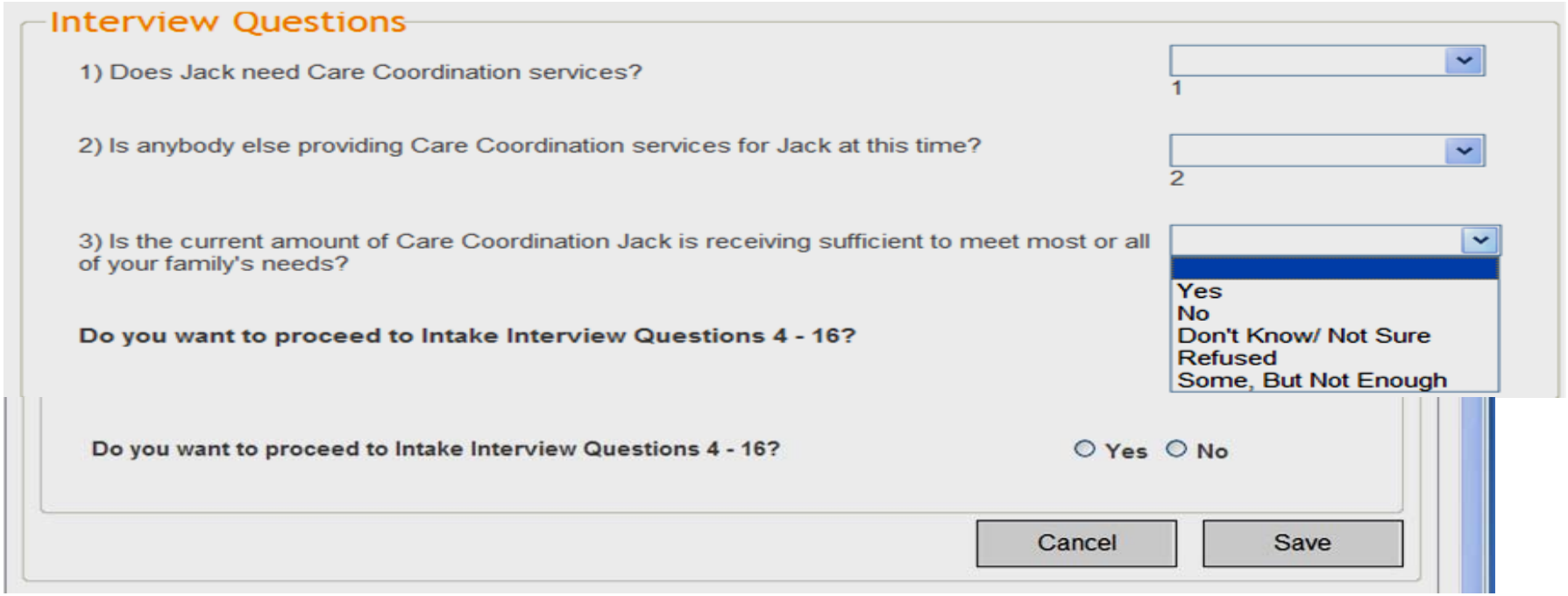


If you mark "**Yes"** to question 2, another box appears asking you to identify who else is providing care coordination services for the client. If you answer "**No**," move on to question "Do you want to proceed to Intake Interview Questions 4 – 16?"

Question 2 asks about other care coordination services the client is receiving. When you answer "**Yes**," a pop up appears, asking you to identify the care coordination provider from the drop down list.



Next select a response to Question 3 from the drop down list.


Interview Questions
1) Does Jack need Care Coordination services?
1
2) Is anybody else providing Care Coordination services for Jack at this time?
2
3) Is the current amount of Care Coordination Jack is receiving sufficient to meet most or all of your family's needs?
Yes
No
Don't Know/ Not Sure
Refused
Some, But Not Enough
Do you want to proceed to Intake Interview Questions 4 - 16?
Do you want to proceed to Intake Interview Questions 4 - 16?
Yes
No
Cancel
Save

Answer the question: "Do you want to proceed to Intake Interview Questions 4 – 16?" either **Yes** or **No**. If the family does **not** need care coordination services, click on the ***No*** button. If the family is undecided or you want to collect more data, click on the **Yes** button. Then click on **Save** to keep; **Cancel** to escape. Thirteen additional intake questions pop up. Please answer all the questions selecting your response from the drop down lists.

4) A personal doctor or nurse is a health professional who knows Goldi well and is familiar with Goldi's health history. Do you currently have someone you think of as Goldi's personal doctor or nurse? 4

5) In the last 6 months, did you or any doctor or nurse think Goldi needed to see a specialist for [his/her] medical condition(s)? 5

Specialists are doctors like geneticists, surgeons, heart doctors, neurologists, allergy doctors, or any other doctor that specializes in one area of medical care.

6) Was getting Goldi in to see a specialist or other medical provider a problem for any reason? 6

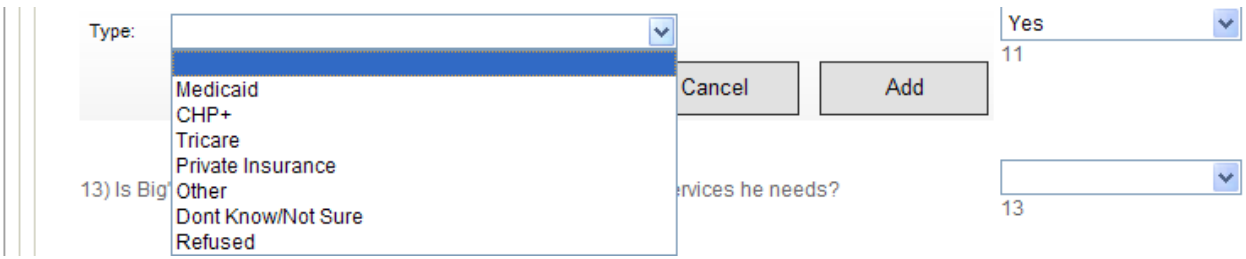
7) In your opinion, is there good communication and working relationships among all of the people that provide medical care and services to Goldi? 7

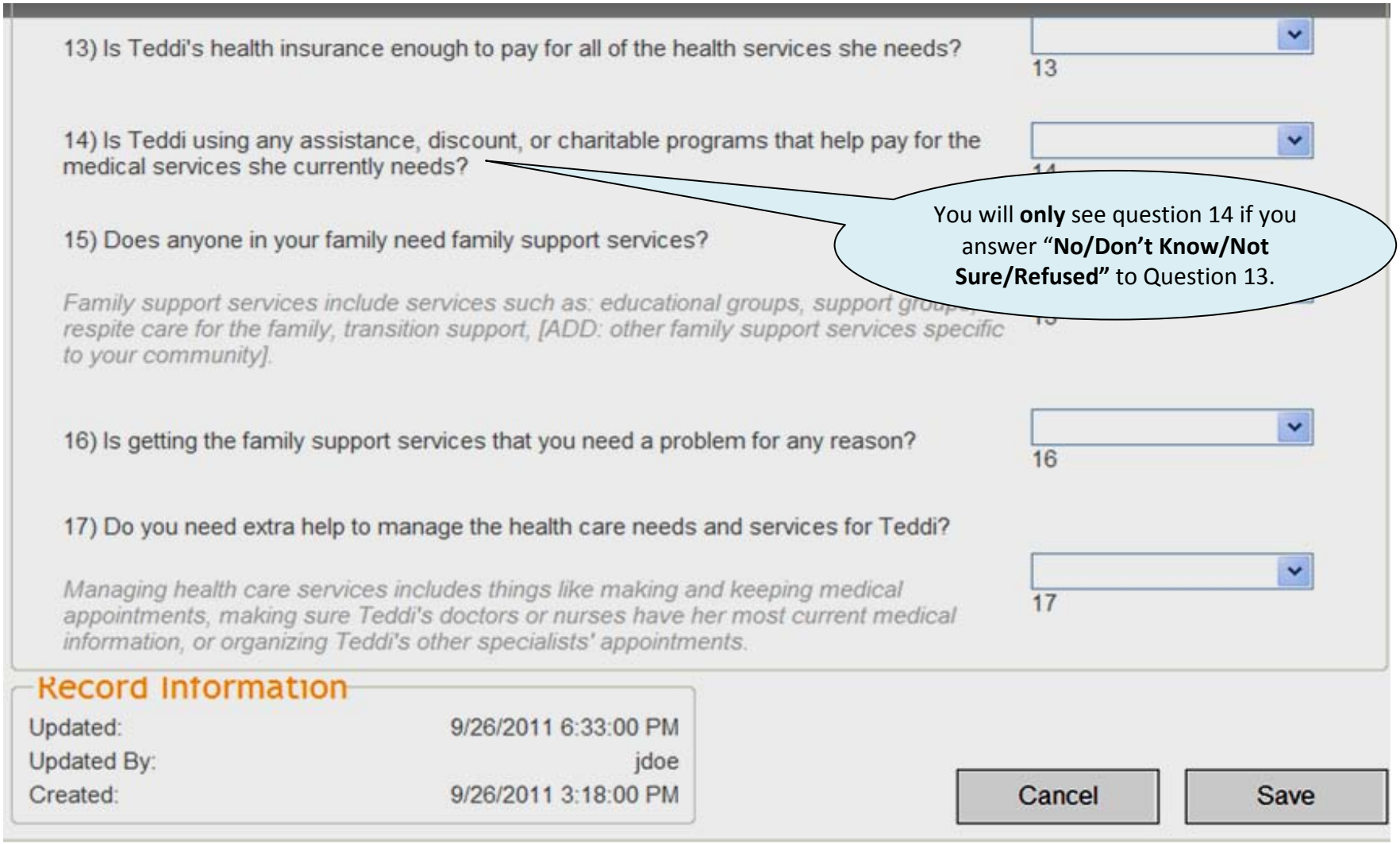
8) In your opinion, are you included and valued in the decisions made about Goldi's health care? 8

If you answer "Yes" to questions 9, 10 or 11, please answer the clarifying questions that will appear.

Please answer the clarifying questions marked with a star.
Yes
11
9) During the past 6 months, did Goldi miss school because of illness or injury?
How many times in 6 months?
Yes
9
10) During the past 6 months, has Goldi gone to a hospital emergency room?
How many times in past 6 months:
Yes
10
11) Does Big currently have any public or private health insurance?
12) Add New Insurance Close
No Records Found.
Yes
11
Click "add new insurance" to enter the client's insurance.

If you answer ***Yes*** to question 11, "Does client currently have any public or private health insurance," please select the type of insurance. If the client has Medicaid, you may also select the type of Medicaid in which the client is enrolled.

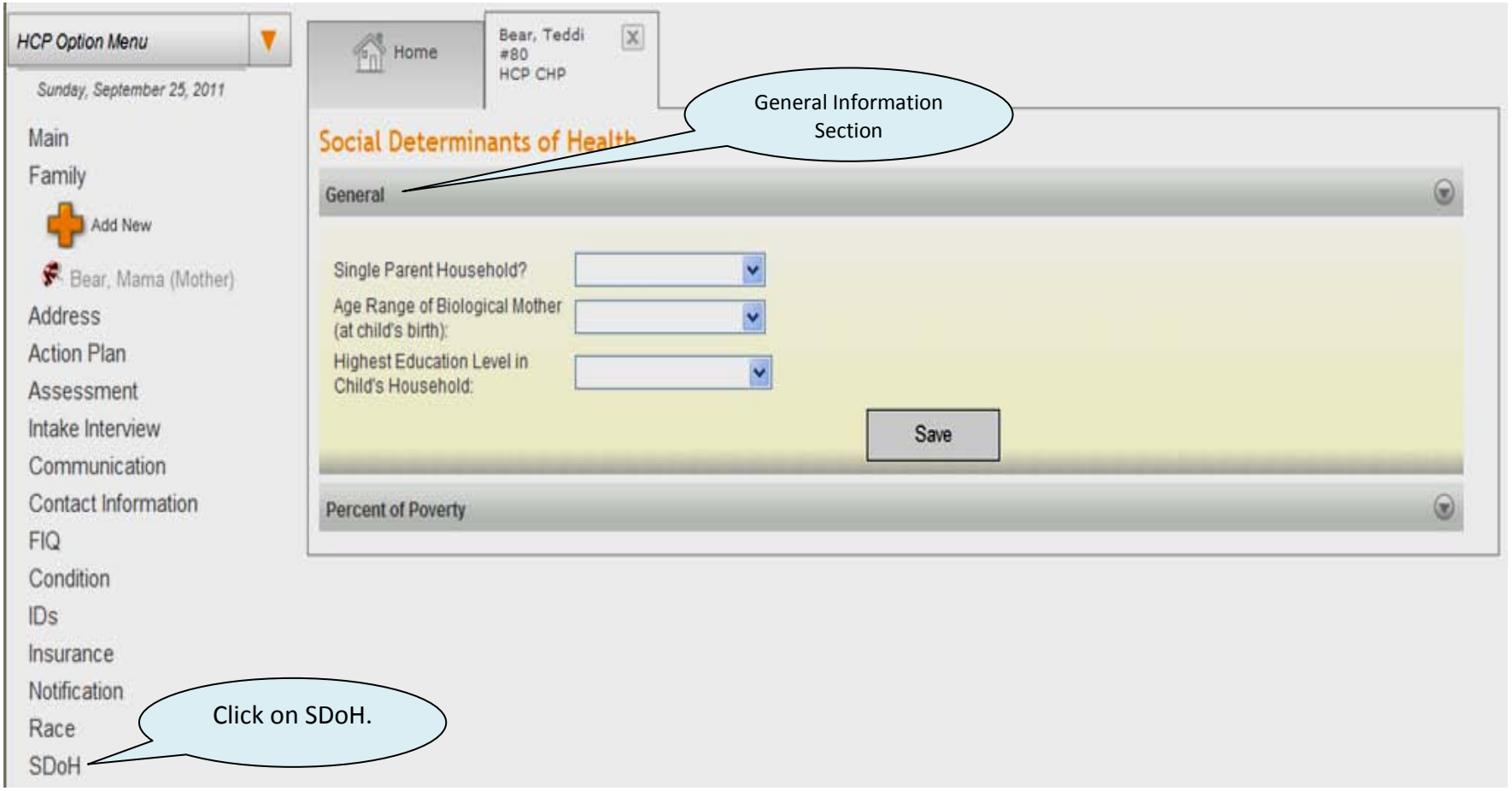



13) Is Teddi's health insurance enough to pay for all of the health services she needs?
13
14) Is Teddi using any assistance, discount, or charitable programs that help pay for the medical services she currently needs?
15) Does anyone in your family need family support services?
Family support services include services such as: educational groups, support
respite care for the family, transition support, [ADD: other family support services specific to your community].
16) Is getting the family support services that you need a problem for any reason?
16
17) Do you need extra help to manage the health care needs and services for Teddi?
Managing health care services includes things like making and keeping medical appointments, making sure Teddi's doctors or nurses have her most current medical information, or organizing Teddi's other specialists' appointments.
17
You will only see question 14 if you answer "No/Don't Know/Not Sure/Refused" to Question 13.
Record Information
Updated: 9/26/2011 6:33:00 PM
Updated By: jdoe
Created: 9/26/2011 3:18:00 PM
Cancel
Save

When you have answered all the questions, click on **Save** to keep; **Cancel** to escape.

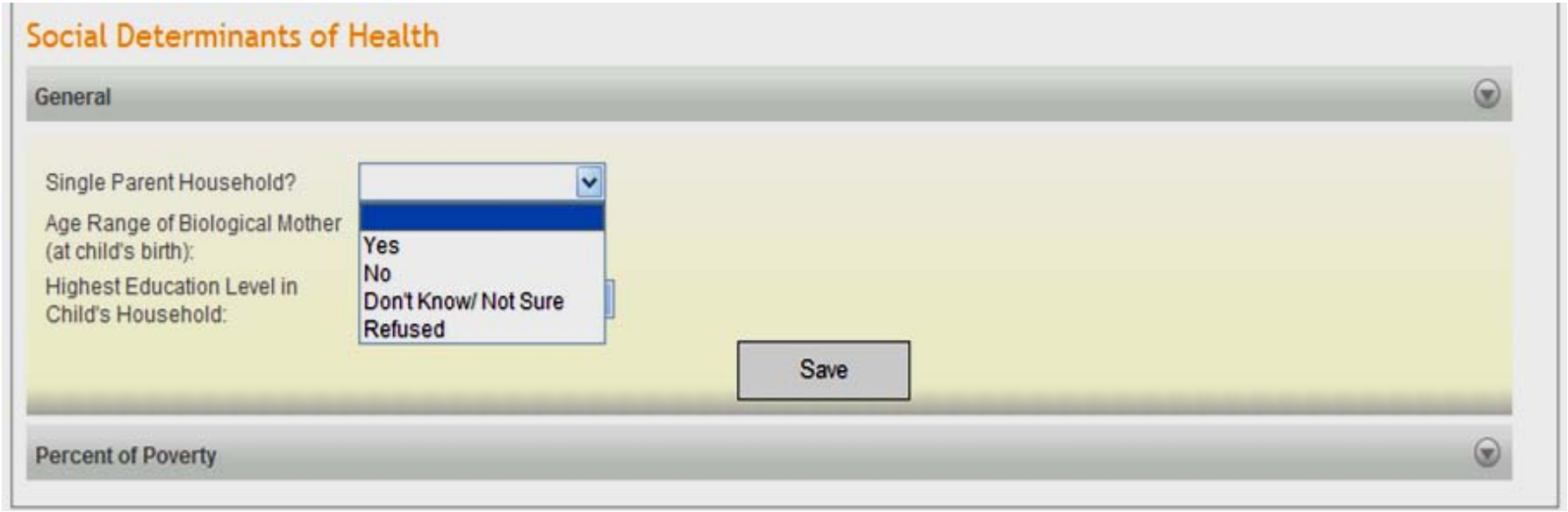
Social Determinants of Health

The social determinants of health impact the outcomes for children and youth with special healthcare needs. Therefore, it's important that you capture basic information about your clients. To input the data, click on **SDoH** to access the screen.

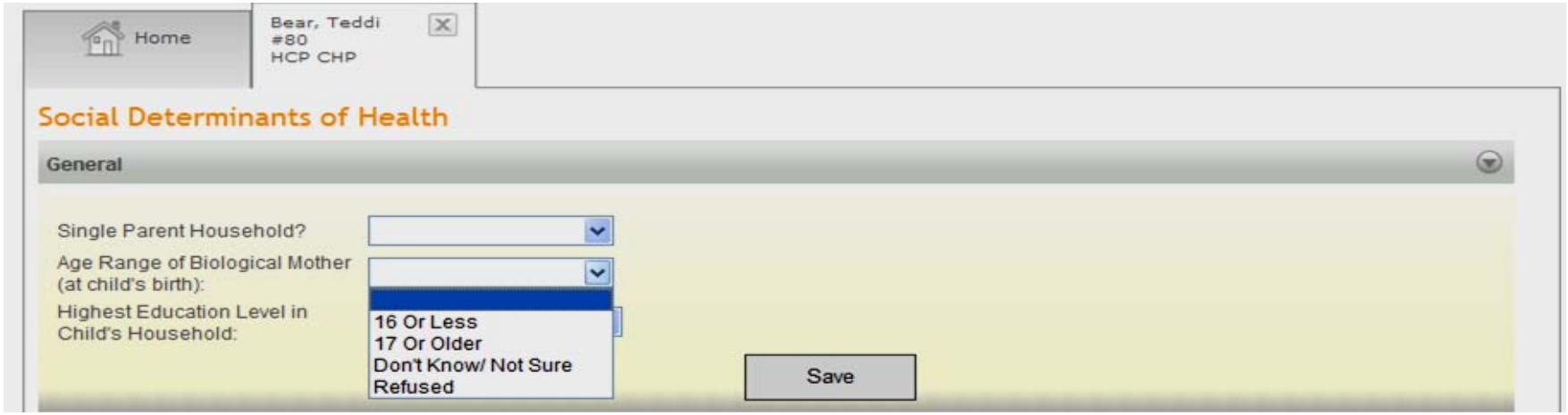


Answer all three of the questions on the **General** screen, using the drop down lists shown sequentially below:

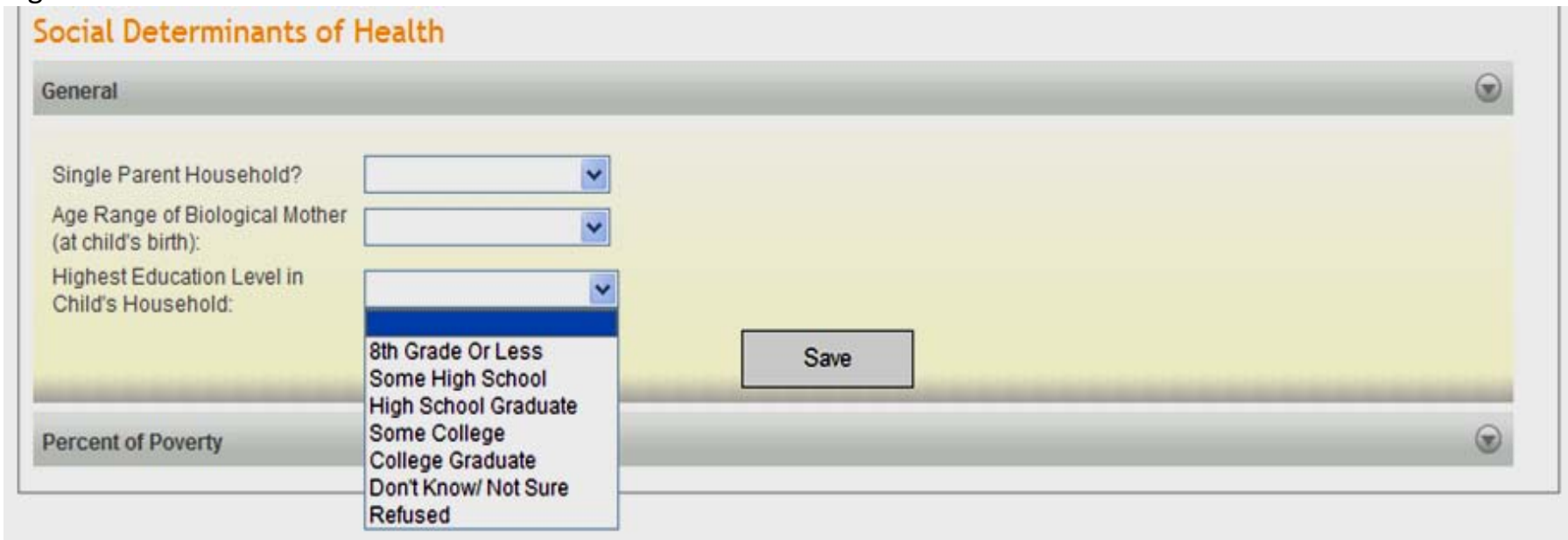
Single Parent Household



Age Range of Biological Mother



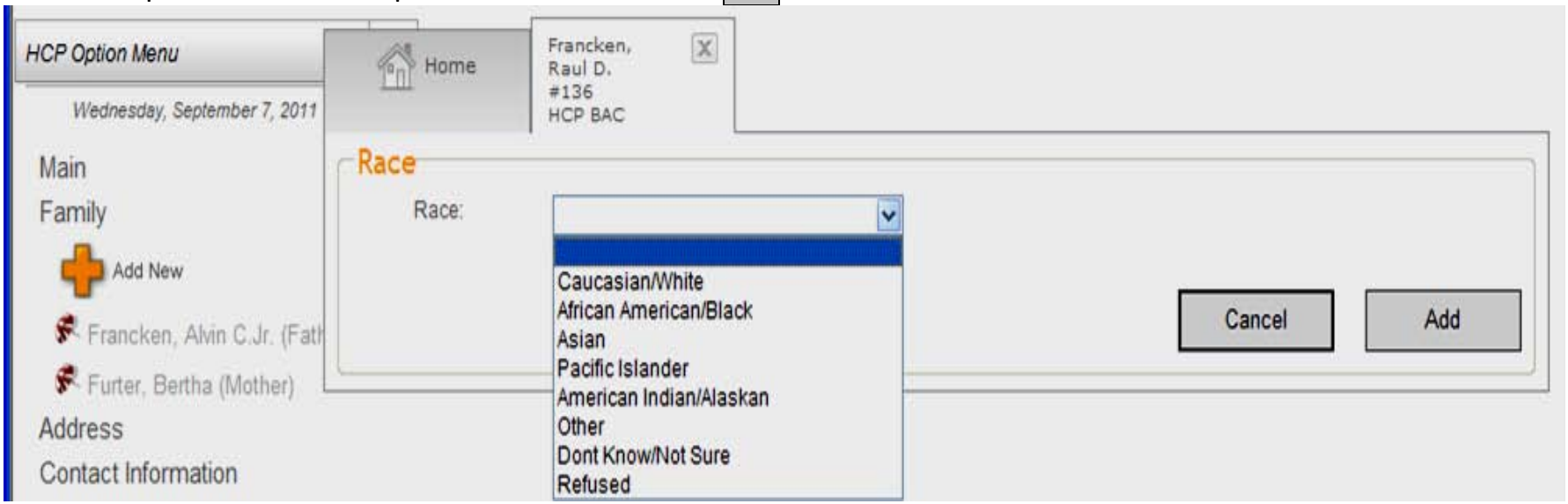
Highest Education Level in Child's Household



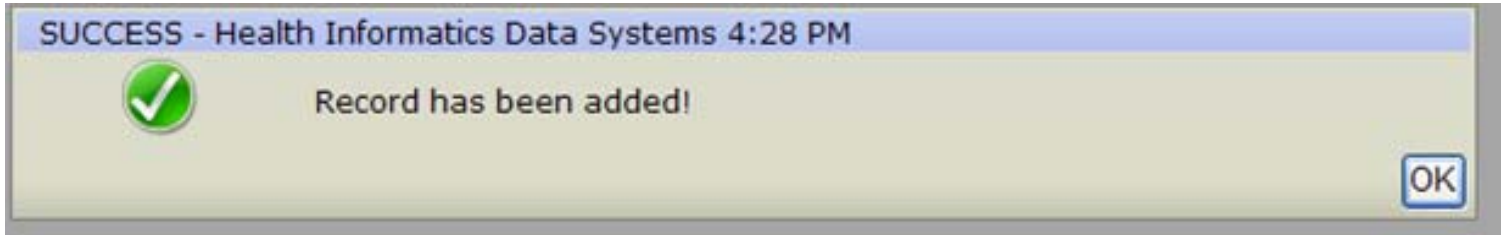
When you have answered all the questions, click on **Save**. Then select **Click Here to Enter Race.**

The system opens the following screen:

Select an option from the drop down box and click on **Add** to save.



You will see the following message when your data has been added.



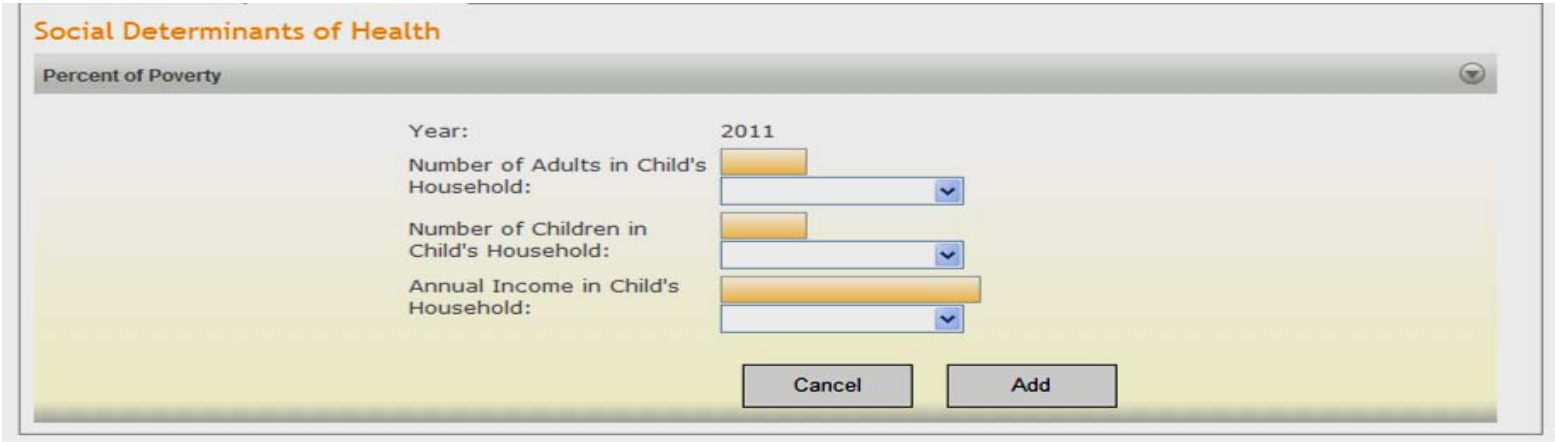
Click OK to return to the **Race** screen. Click on any subject on the **HCP Option Menu** to leave the **Race** screen. Click on **SDoH** to complete the percent of poverty section.

Percent of Poverty

Enter Income information to determine the percent of poverty of the family from the **Social Determinants of Health** screen. Click on the Percent of Poverty line.

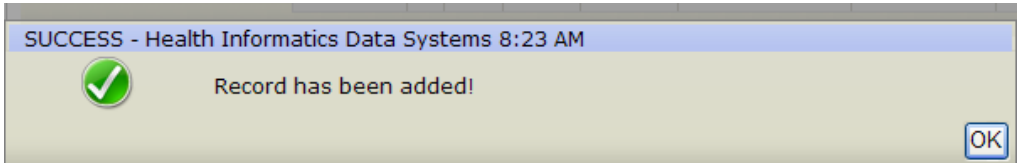
Then click on Add New to see the entry screen.

To determine the family's percent of poverty, enter data into the three orange highlighted (required) fields.



After you enter the data, the system will calculate the percent of poverty and records the date and who updated the screen.

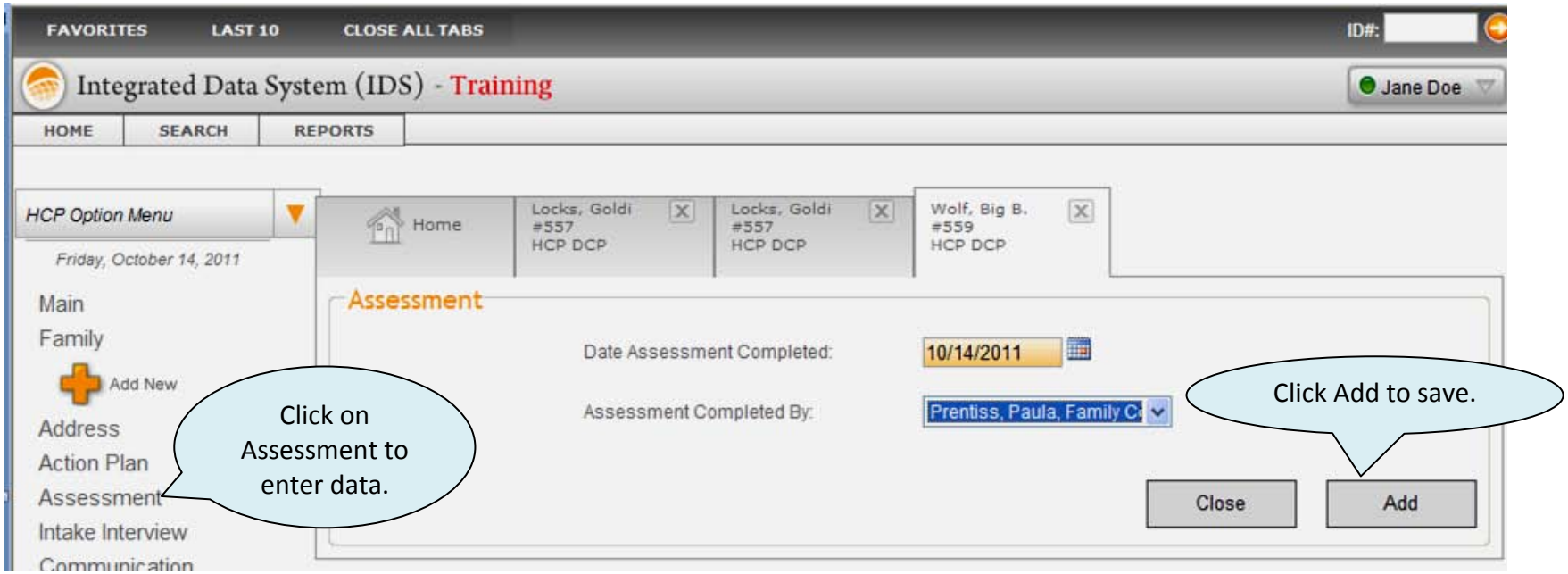
Click on Update to save, and you will receive a message that the record has been saved.



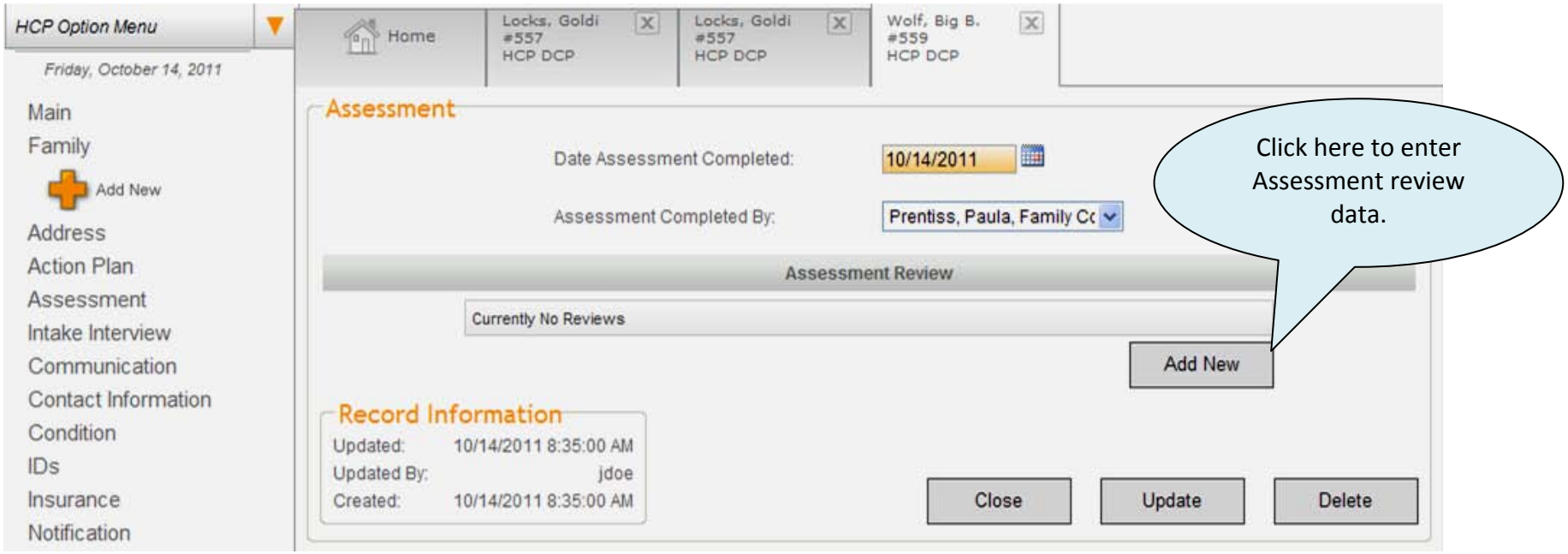
Clicking on OK, takes you back to the **Social Determinants of Health** screen.

Assessment

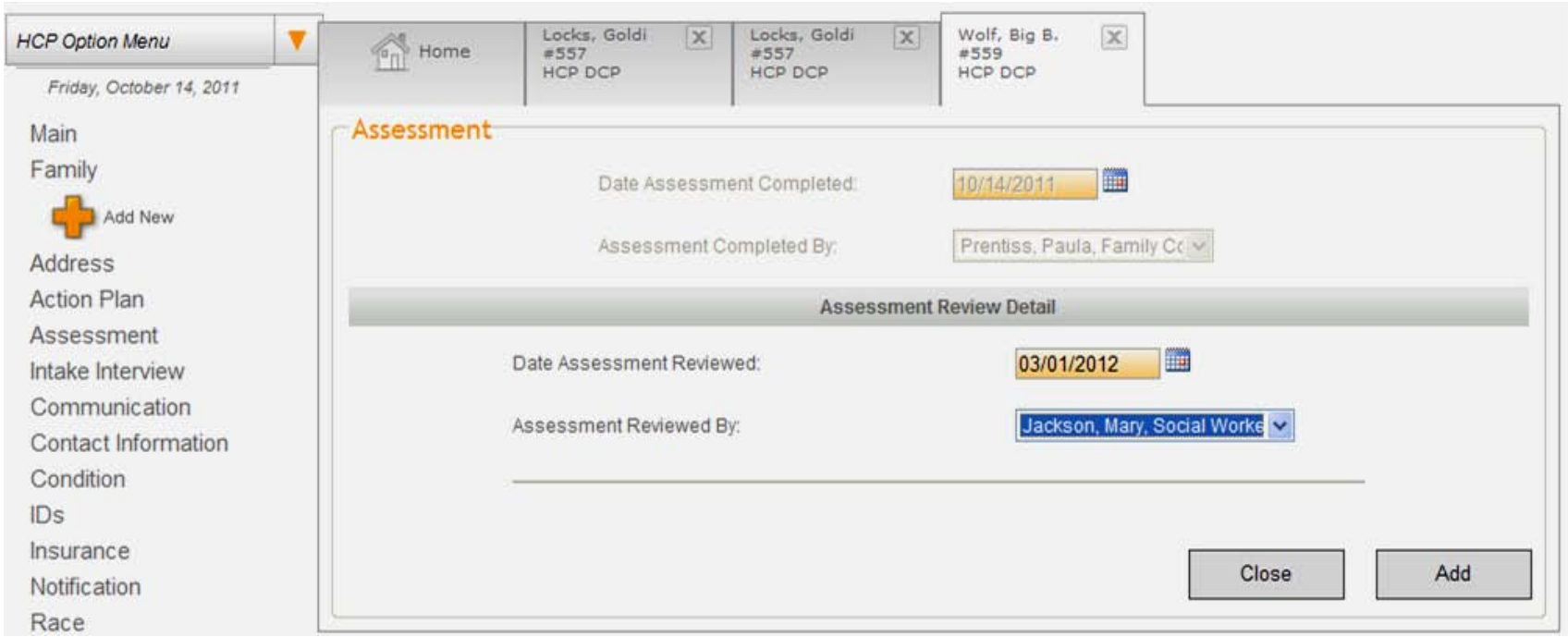
To enter a client assessment, select **Assessment** from the HCP Option Menu. Enter the date you completed the assessment with the client, and select the person completing the assessment from the drop down list. Click on Add when you are ready to save.



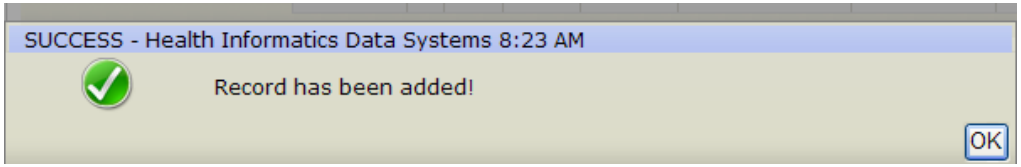
When it is time to review the assessment, click on **Add New**.



Enter the date of the review and the name of the reviewer from the drop down list.



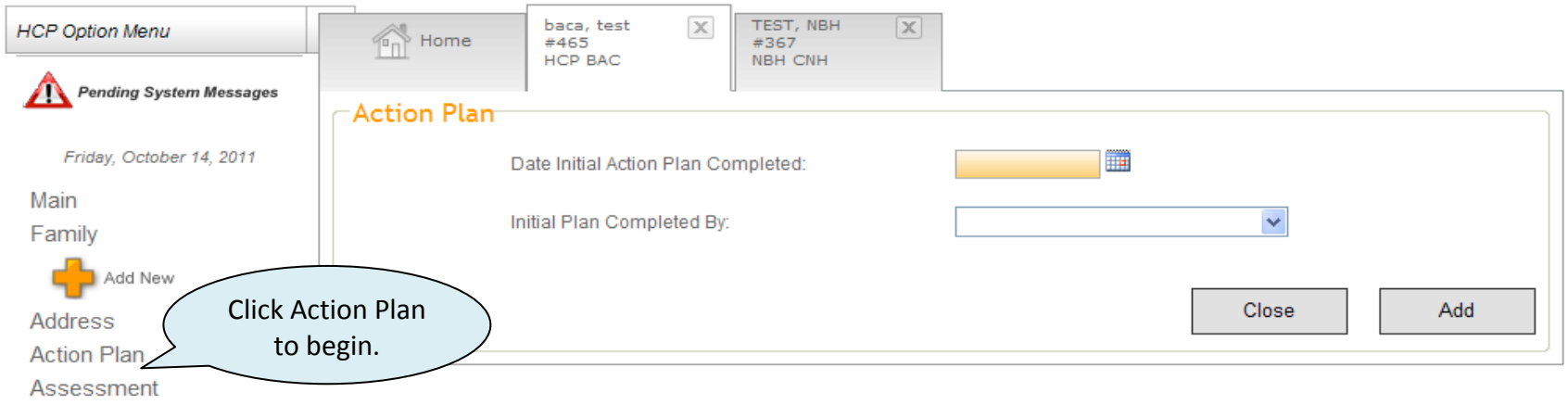
Then click **Add** to save the assessment review data. You will receive a message that the record has been saved.



Clicking on OK, takes you back to the **Assessment** screen.

Action Plan

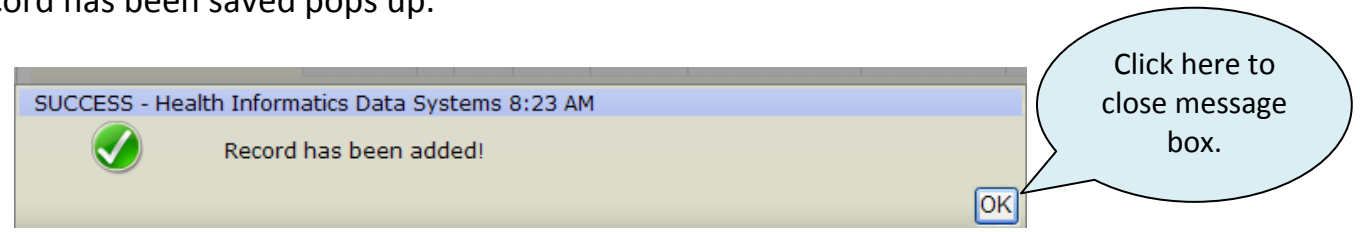
To enter a client's action plan, select **Action Plan** from the HCP Option Menu.



Enter the date you completed the action plan with the client's family, and select the person completing the assessment from the drop down list.

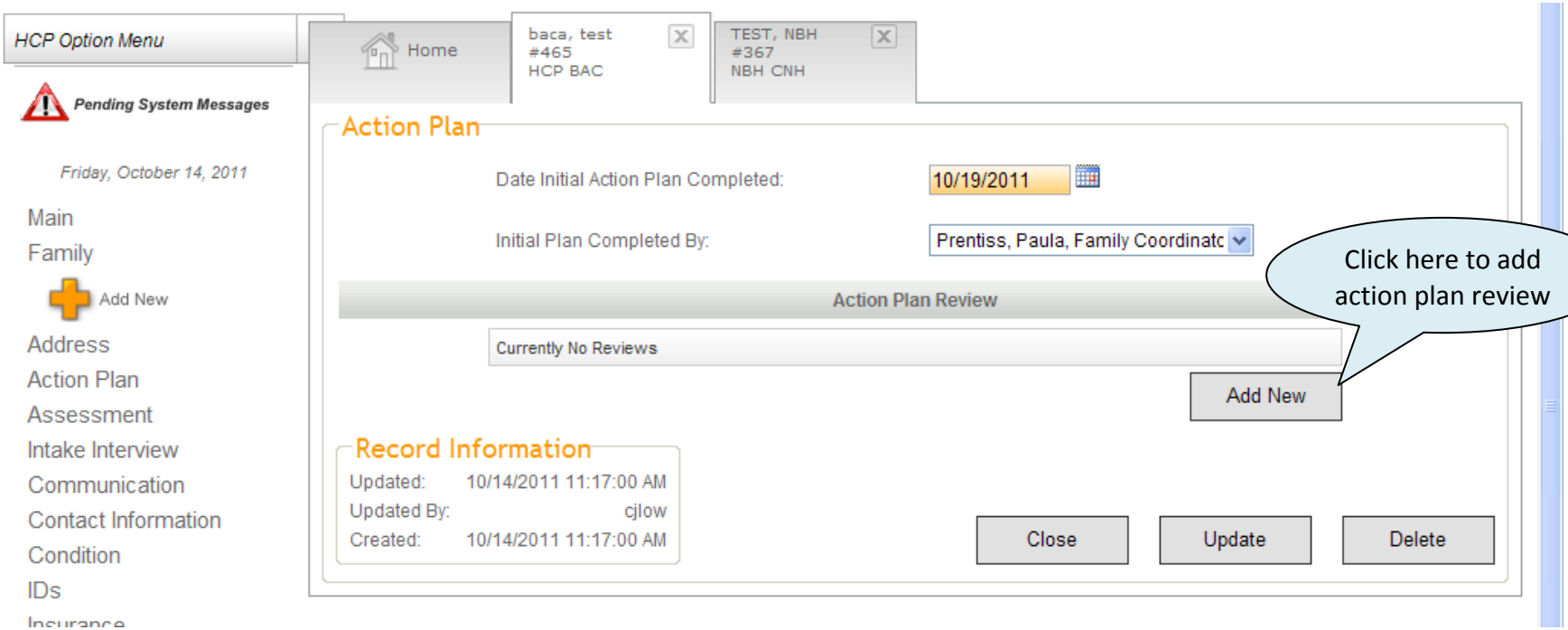
Click on **Add** when you are ready to save.

A message that the record has been saved pops up.

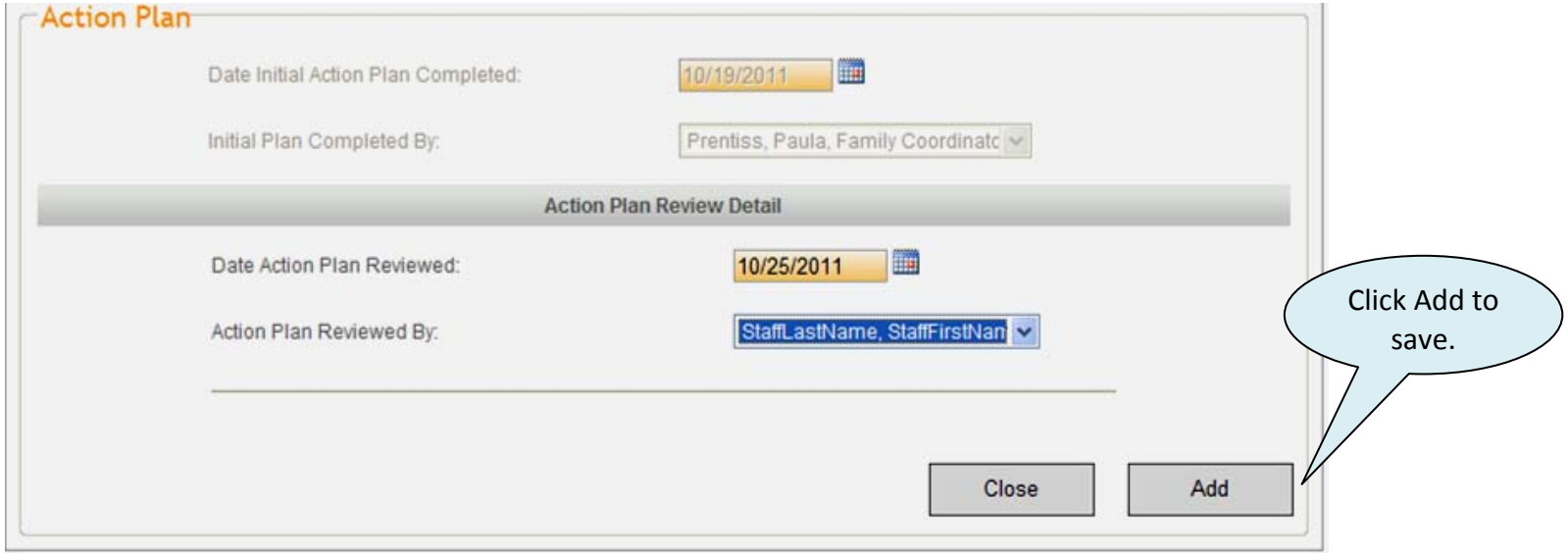


Clicking on OK, takes you back to the **Action Plan** screen.

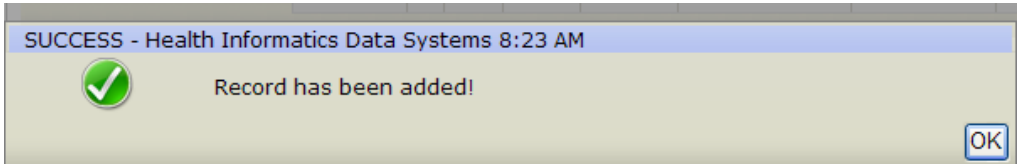
When it's time to review or update the action plan, click on **Add New** to enter your data.



Enter the date of the review and the name of the reviewer from the drop down list.



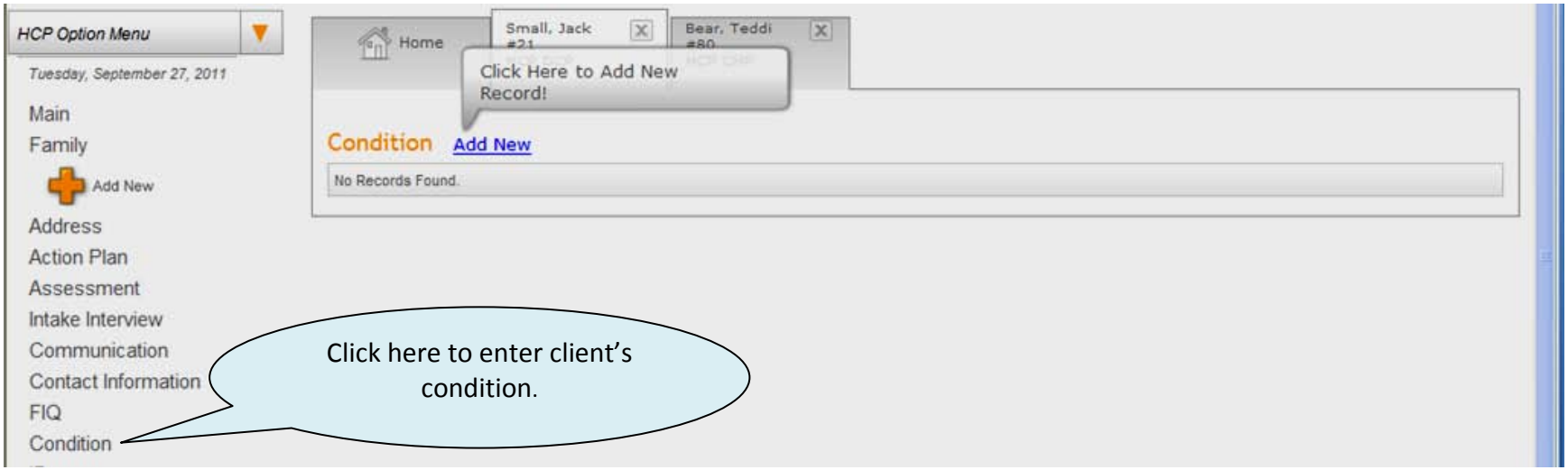
You will receive a message that the record has been saved.



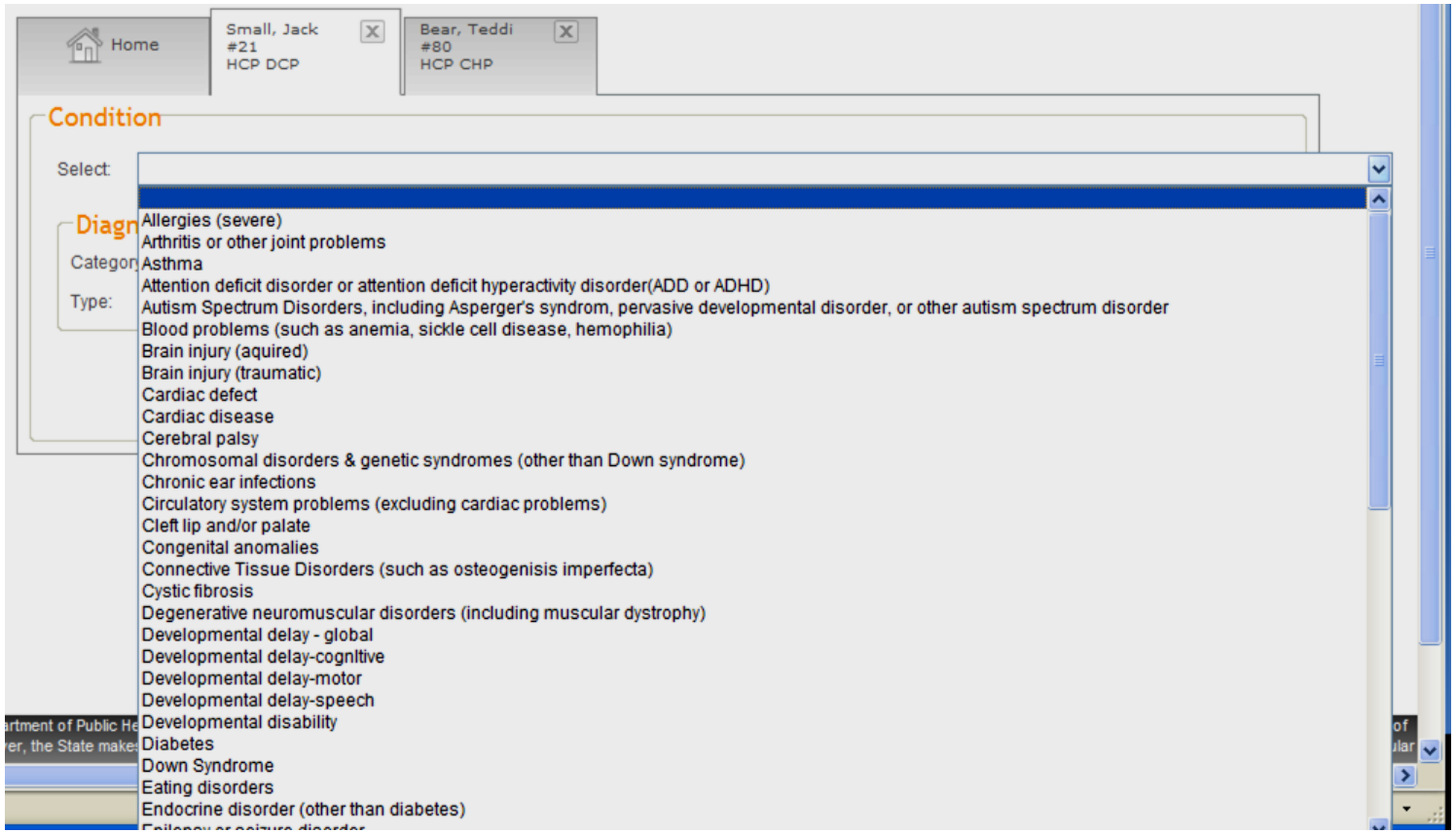
Clicking on OK, takes you back to the **Action Plan** screen.

Condition

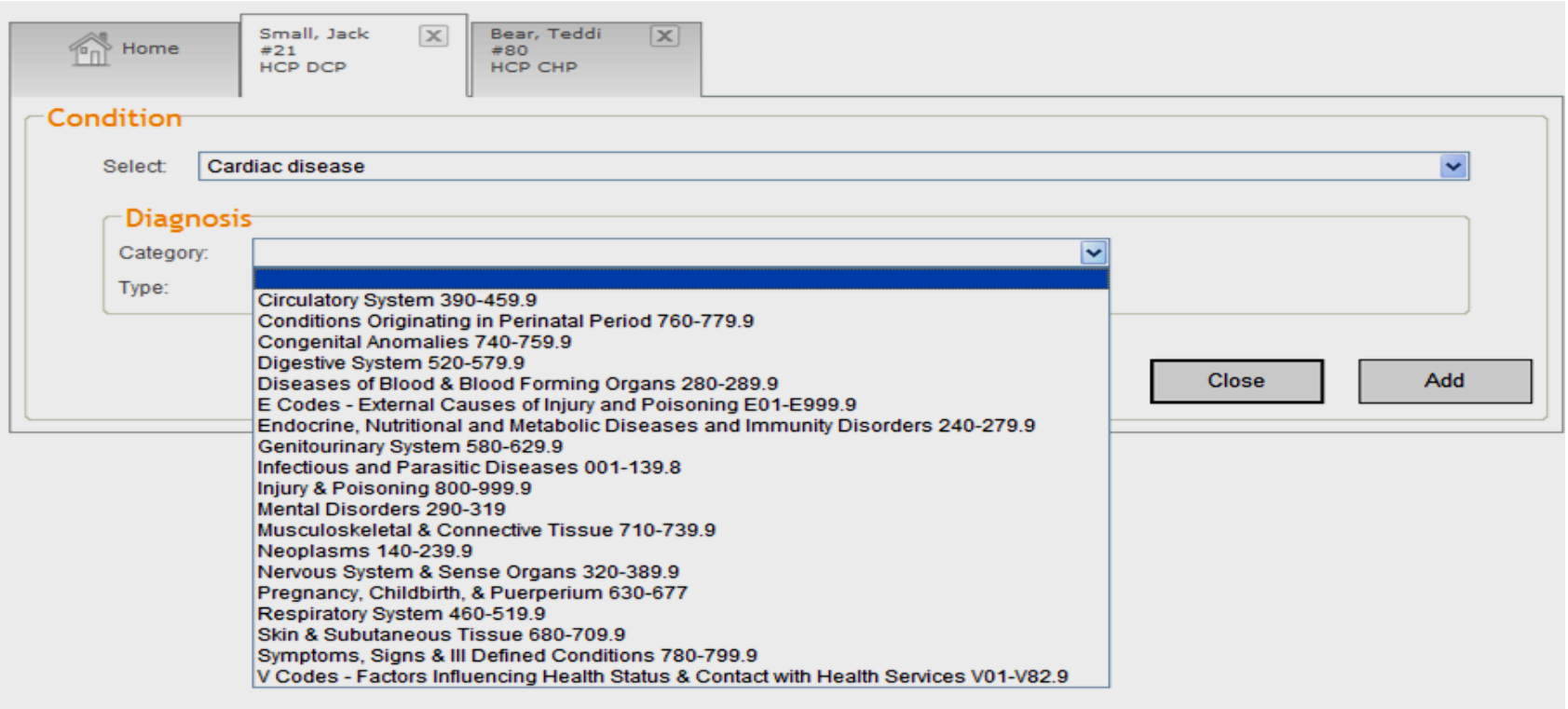
To record a client's condition, click on **Condition** on the HCP Option Menu. The **Condition** screen will pop up. Click on **Add New**.



Click on **Add New** to open the screen.



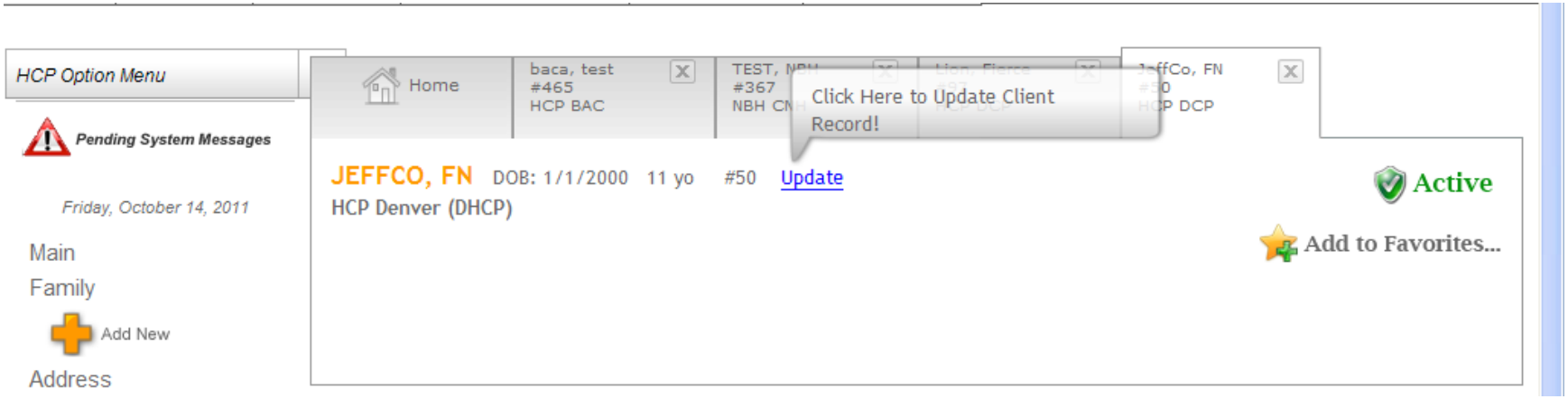
Select a condition from the drop down box. You may proceed to enter a diagnosis category and/or a diagnosis type beneath the condition box.



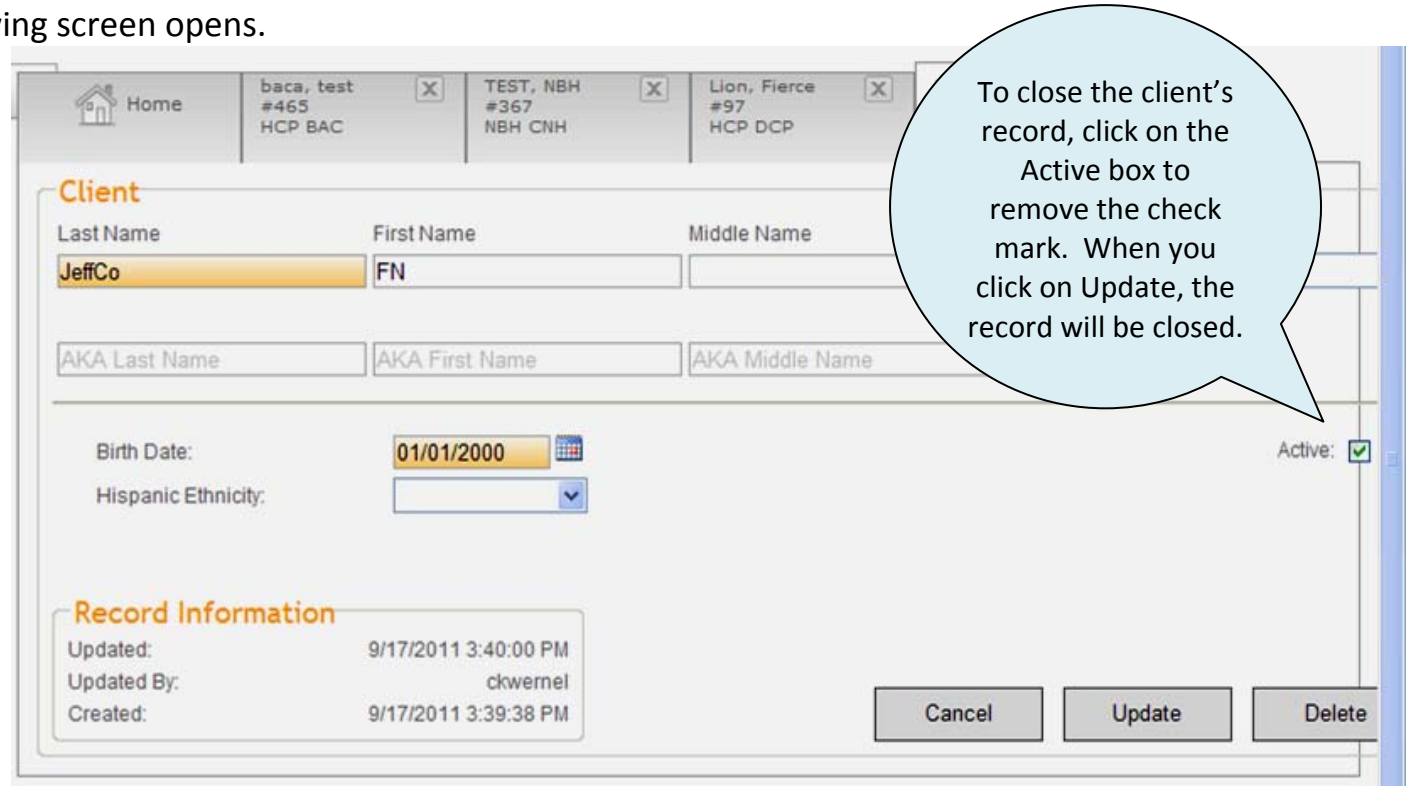
Select the diagnosis category from the drop down list, and click on Add to save. You may also enter a more specific diagnosis type by opening the **Type** drop down list and selecting an option.

Closing a Client Record

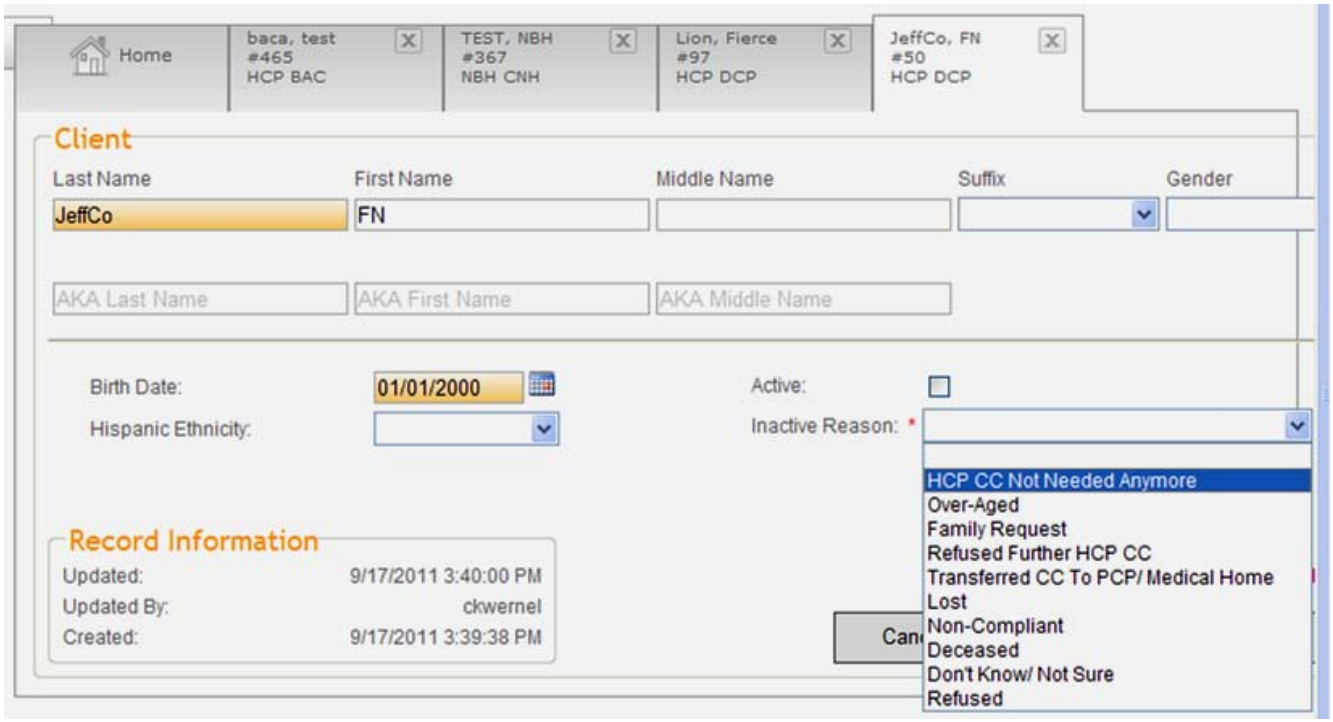
When you are ready to close an active client, open the client's record. Click on **Update.**



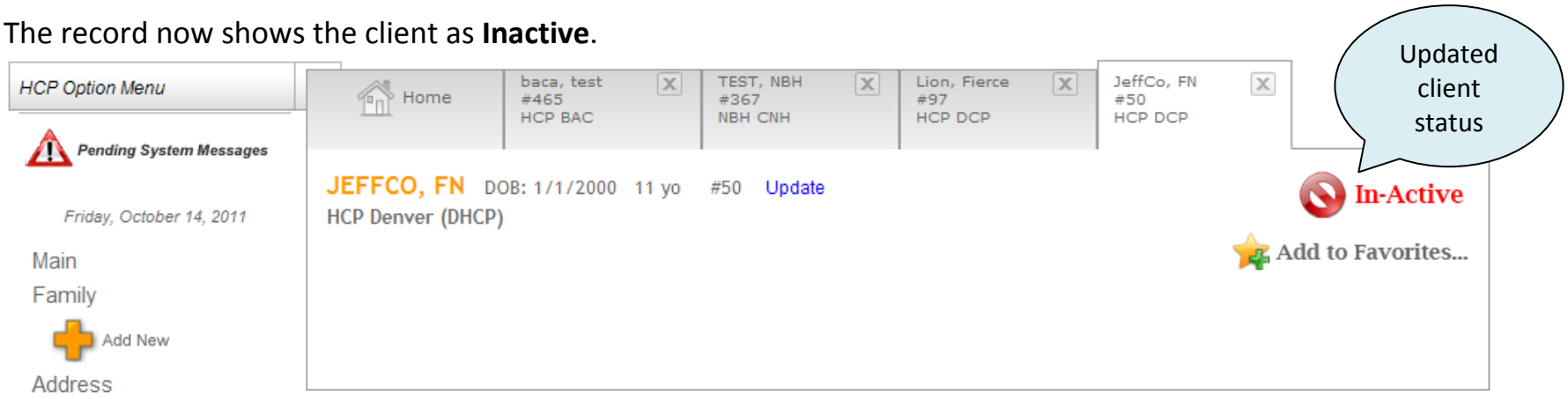
The following screen opens.



The system will ask you to enter the reason the case is being inactivated. Select the reason from the drop down list in the Inactive Reason field, and then click on **Update** to save.



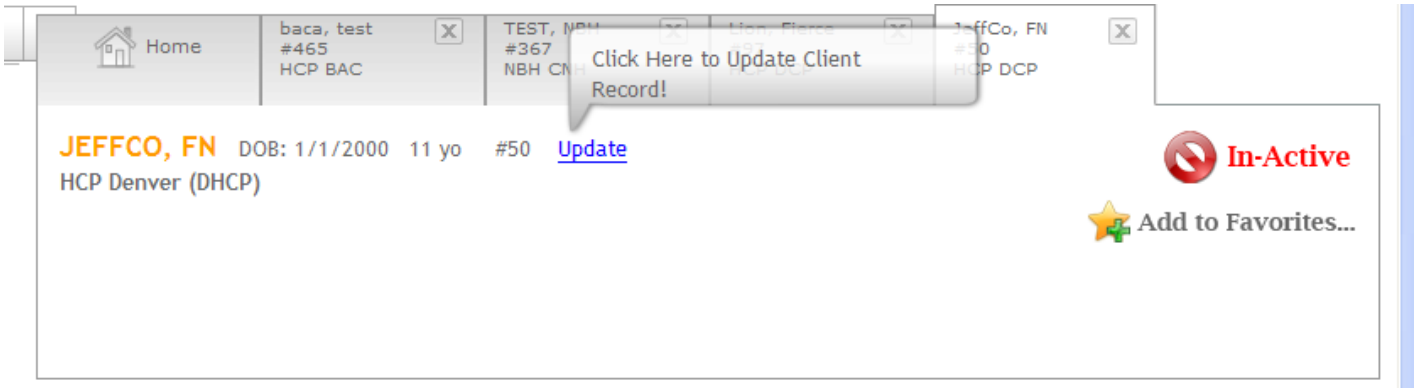
The record now shows the client as **Inactive**.



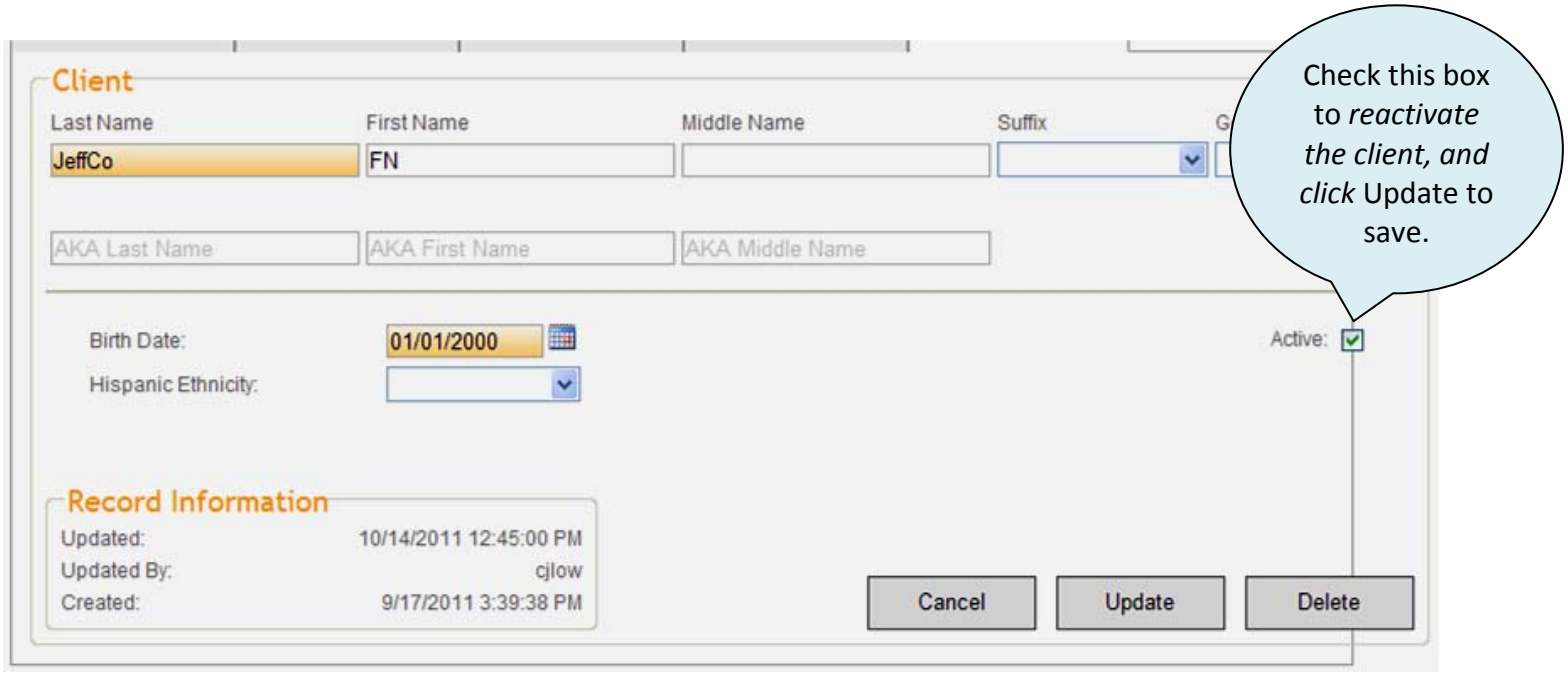
Inactive clients will appear in the Search Results window with the red **Inactive** symbol and only if the **All Status** box was checked before clicking on Search.

Reopening a Client Record

Reopening a client record is just a reversal of the closing client process.



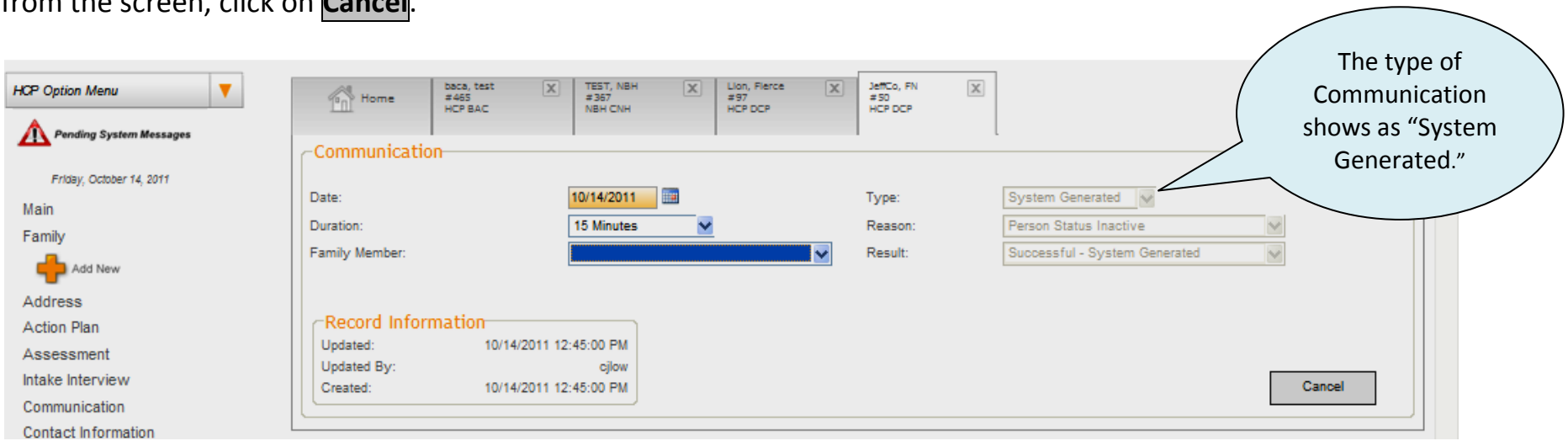
When you click on **Update** and enter the update screen, you will check on the Active box to reopen the record. The Inactive Reason field no longer appears on the screen.


Client
Last Name
First Name
Middle Name
Suffix
JeffCo
FN
AKA Last Name
AKA First Name
AKA Middle Name
Birth Date:
01/01/2000
Hispanic Ethnicity:
Active:
Record Information
Updated:
10/14/2011 12:45:00 PM
Updated By:
cjlow
Created:
9/17/2011 3:39:38 PM
Cancel
Update
Delete
Check this box to *reactivate the client, and click* Update to save.

System Generated Items

Communications:

The **CYSHCN Data System** only displays system generated communications and converted HCP CHIRP communications. (Example: change in client status or system produced letters.) No direct user input. To exit from the screen, click on **Cancel**.

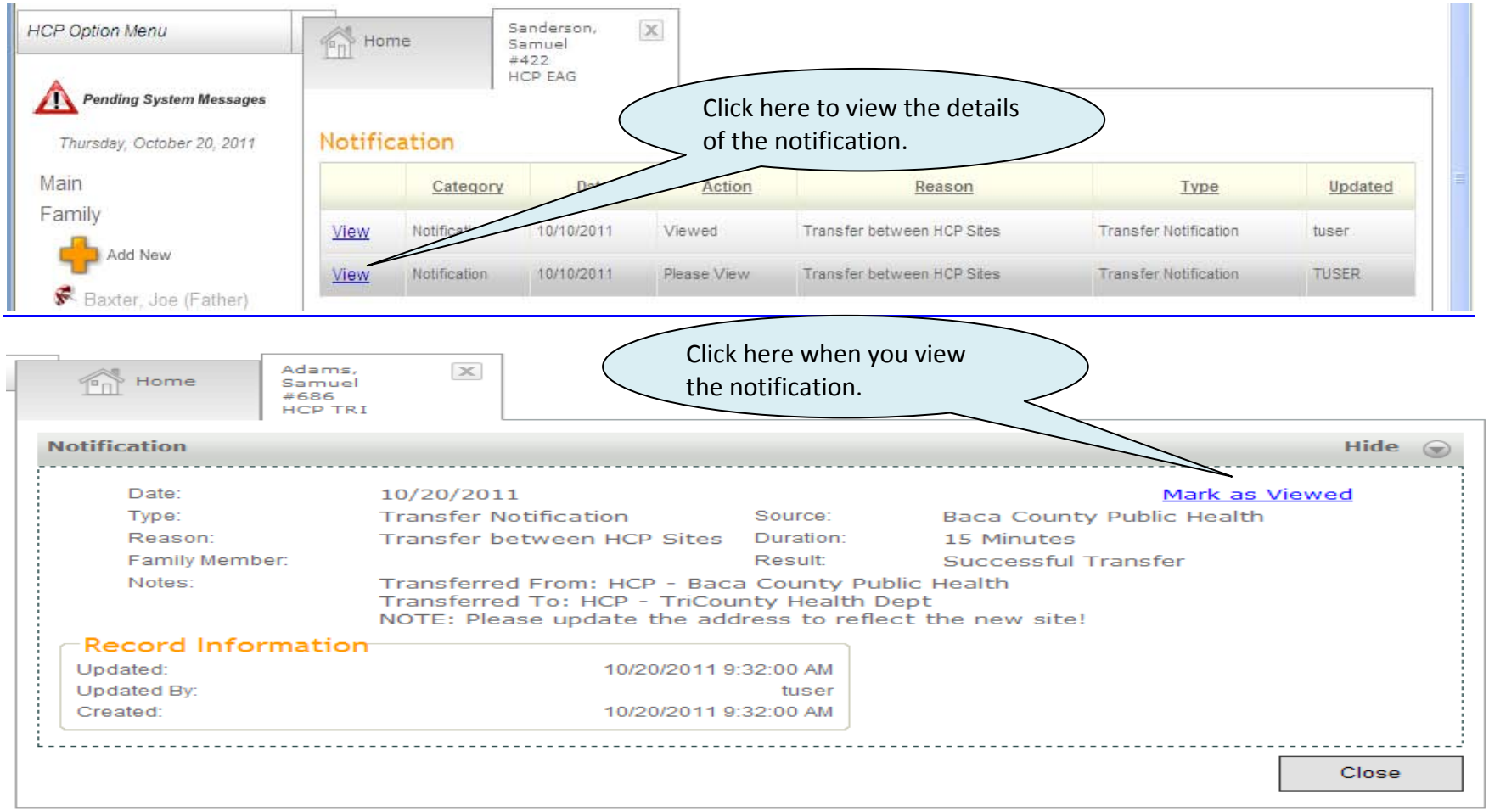


Notifications:

This screen shows notifications from other data systems, such as CRCSN, site transfers, or electronic birth certificate revisions. You may view the notifications, but you cannot enter any data in the screen. Most Notifications will have an Action request with them (e.g. "Please View") and are updated when viewed. To view notifications, first click on the "Pending System Messages" link in the top left area of the screen.

If you have not previously viewed a notification, you can load the client file from the screen by clicking on **Load** to the left of the date of the notification.

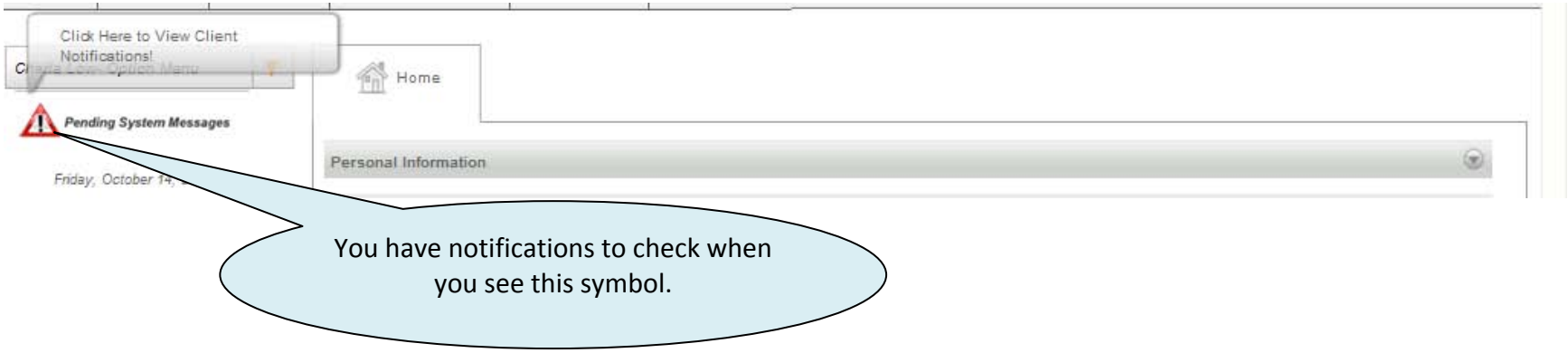
When you load a client, the following screen appears.



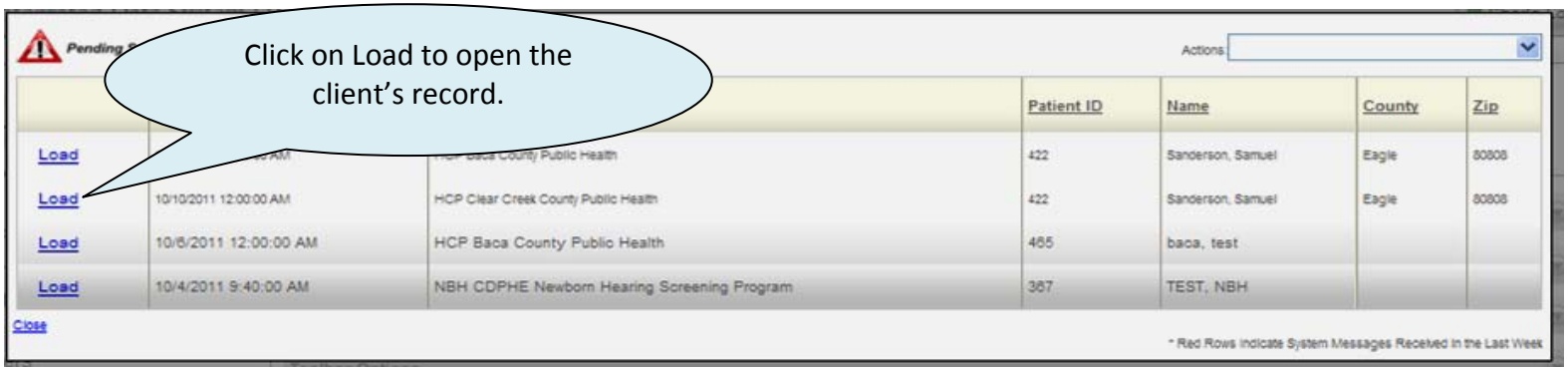
Select **Close** when you have read the notification.

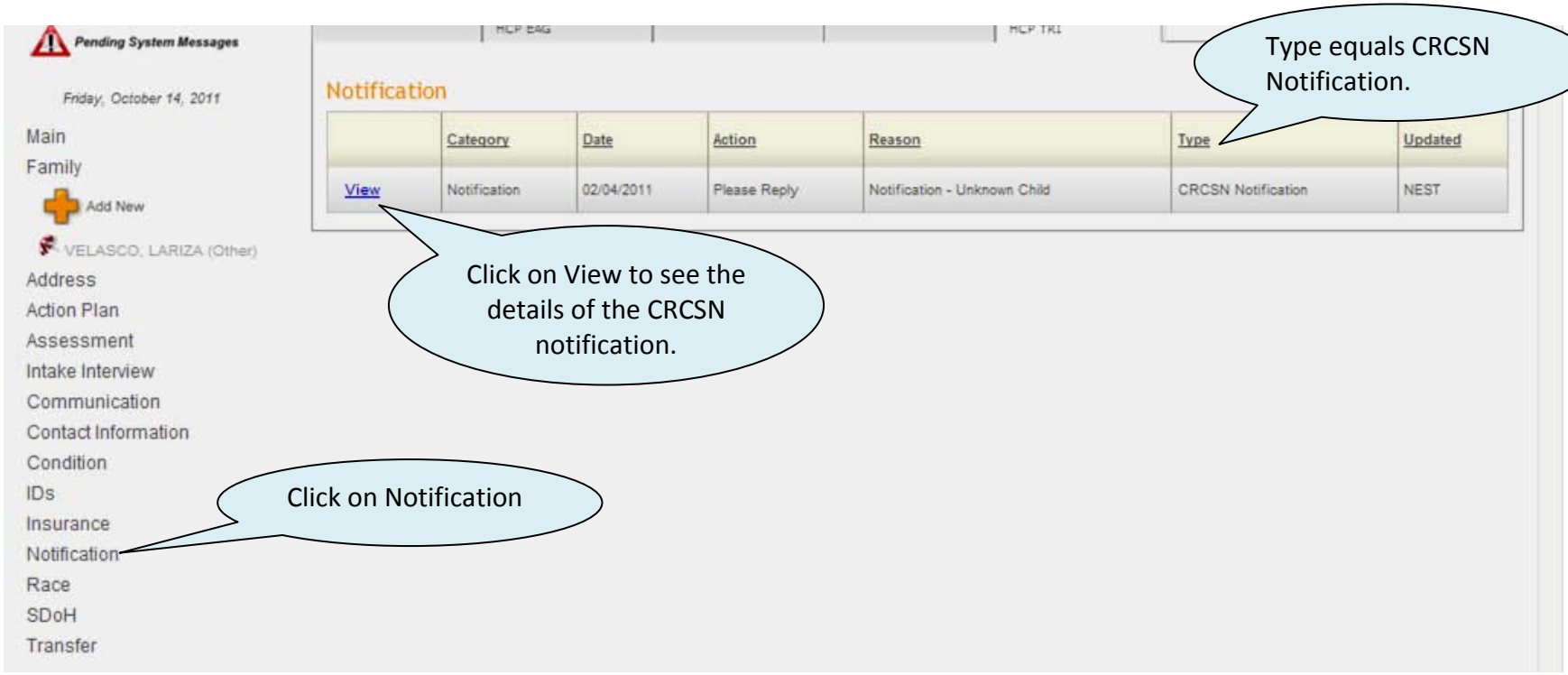
Colorado Responds to Children with Special Health Care Needs (CRCSN)

The Colorado Hospital Association releases data to the state every month on children who have been discharged from the hospital with a diagnosis of a reportable condition. If a child's family lives in your site's territory, your office will receive a system notification. The **Pending System Messages** symbol alerts your office that you have notification(s).

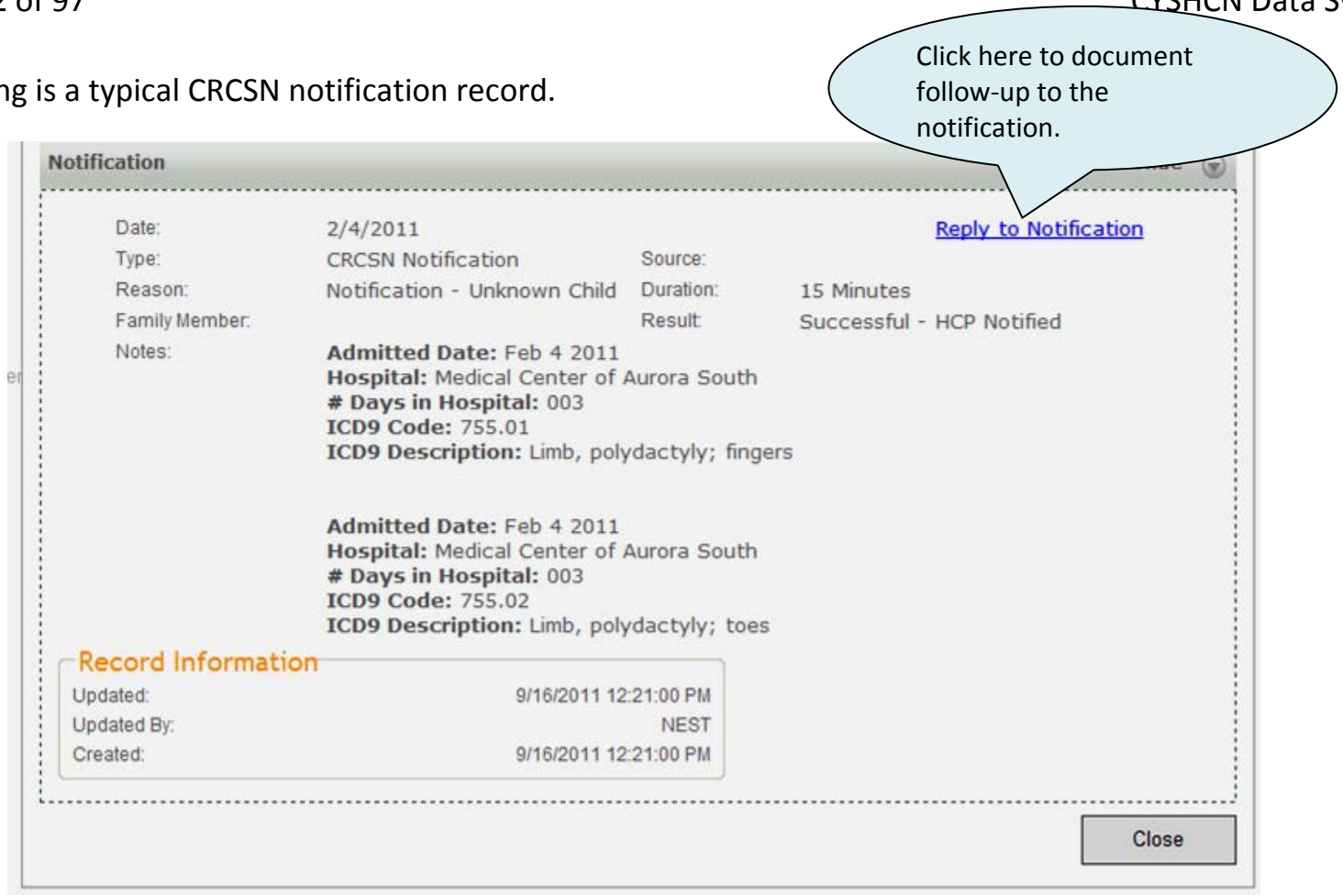

Click Here to View Client Notifications!
Home
Pending System Messages
Personal Information
You have notifications to check when you see this symbol.

Click on the **Pending System Messages** symbol to view your site's notifications.

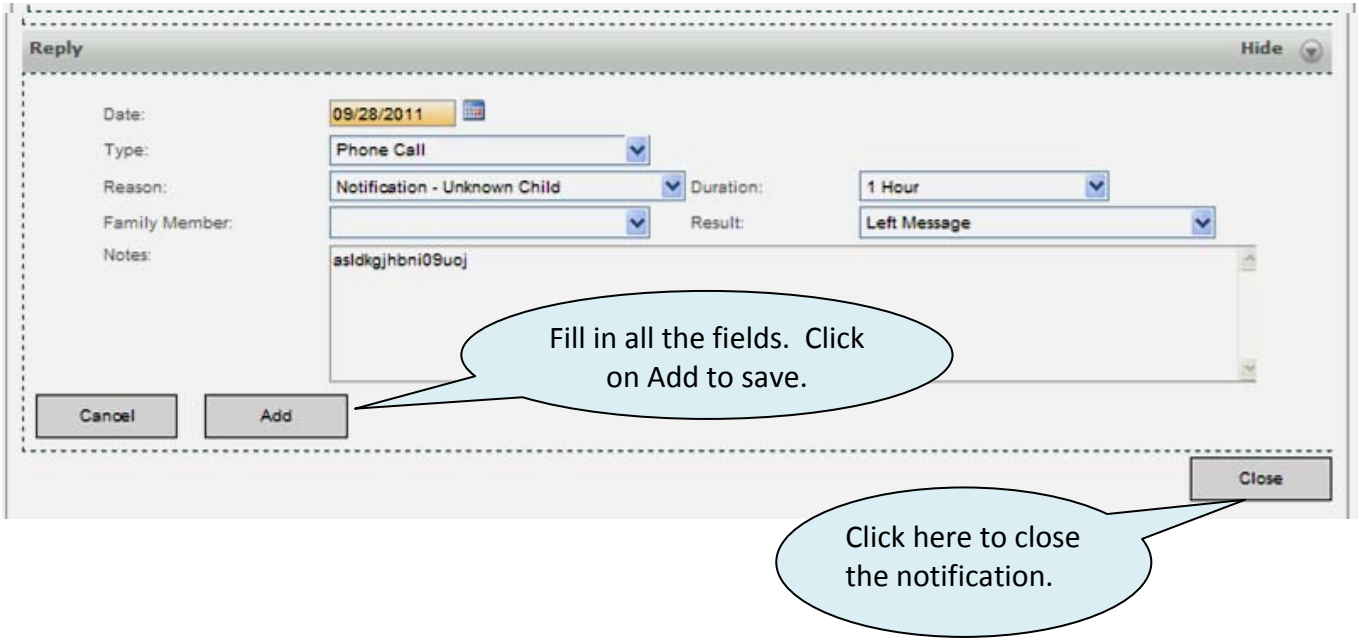



Pending System Messages
Friday, October 14, 2011
Main
Family
Add New
VELASCO, LARIZA (Other)
Address
Action Plan
Assessment
Intake Interview
Communication
Contact Information
Condition
IDs
Insurance
Notification
Race
SDoH
Transfer
Notification
Category
Date
Action
Reason
Type
Updated
View
Notification
02/04/2011
Please Reply
Notification - Unknown Child
CRCSN Notification
NEST
Type equals CRCSN Notification.
Click on View to see the details of the CRCSN notification.
Click on Notification

The following is a typical CRCSN notification record.

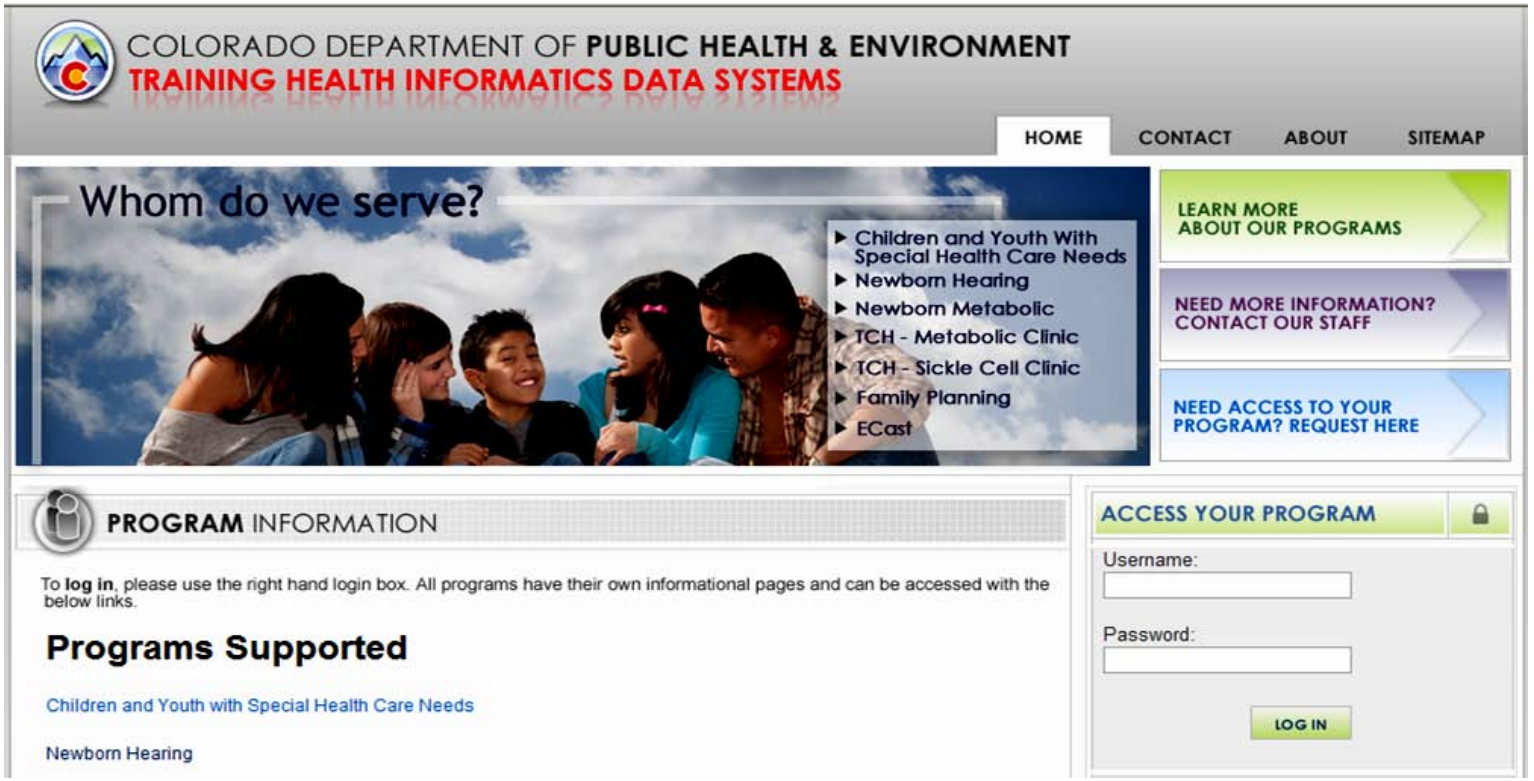


When you have completed your follow-up on the notification, click on **Reply to Notification.** You must reply to **close** a CRCSN notification.


Reply
Hide
Date:
09/28/2011
Type:
Phone Call
Reason:
Notification - Unknown Child
Duration:
1 Hour
Family Member:
Result:
Left Message
Notes:
asldkgjhbni09uoj
Fill in all the fields. Click on Add to save.
Cancel
Add
Close
Click here to close the notification.

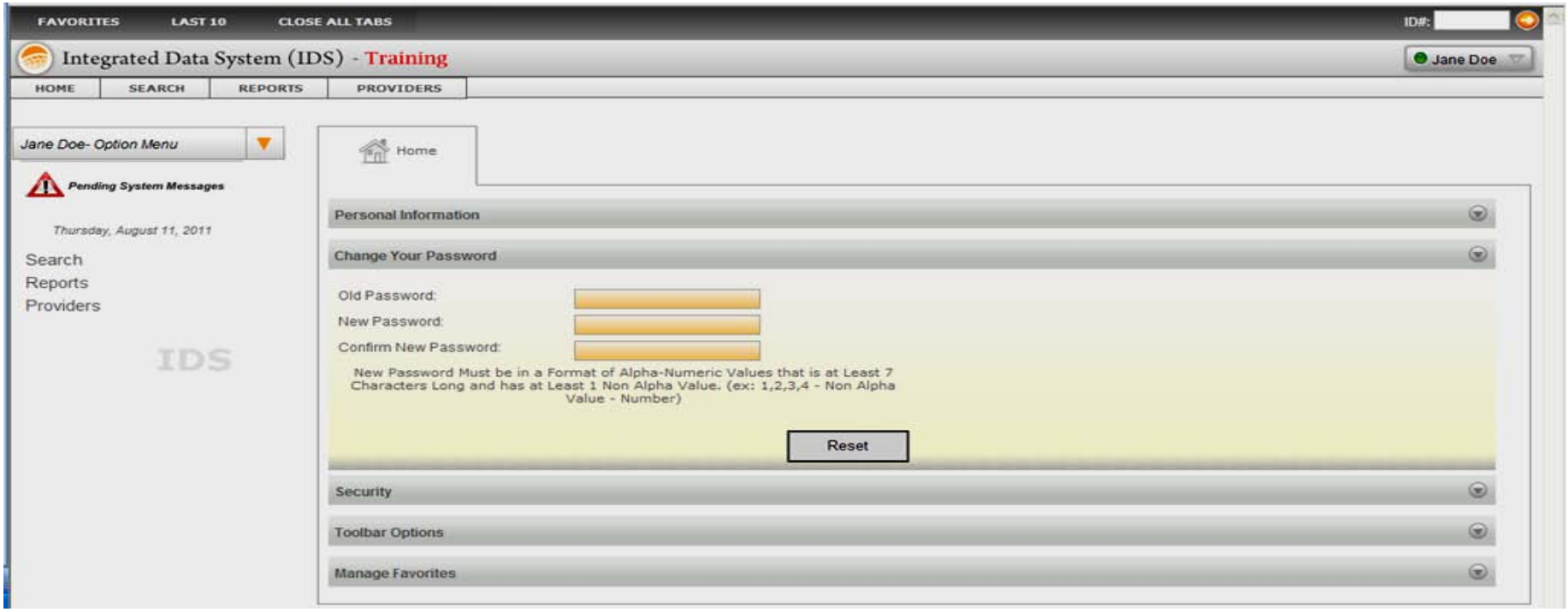
Accessing the CYSHCN Data System for the First Time

Now you have your username and initial password, so it's time to log onto the CYSHCN data system.


COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
TRAINING HEALTH INFORMATICS DATA SYSTEMS
HOME
CONTACT
ABOUT
SITEMAP
Whom do we serve?
Children and Youth With Special Health Care Needs
Newborn Hearing
Newborn Metabolic
TCH - Metabolic Clinic
TCH - Sickle Cell Clinic
Family Planning
ECast
LEARN MORE ABOUT OUR PROGRAMS
NEED MORE INFORMATION? CONTACT OUR STAFF
NEED ACCESS TO YOUR PROGRAM? REQUEST HERE
PROGRAM INFORMATION
To log in, please use the right hand login box. All programs have their own informational pages and can be accessed with the below links.
Programs Supported
Children and Youth with Special Health Care Needs
Newborn Hearing
ACCESS YOUR PROGRAM
Username:
Password:
LOG IN

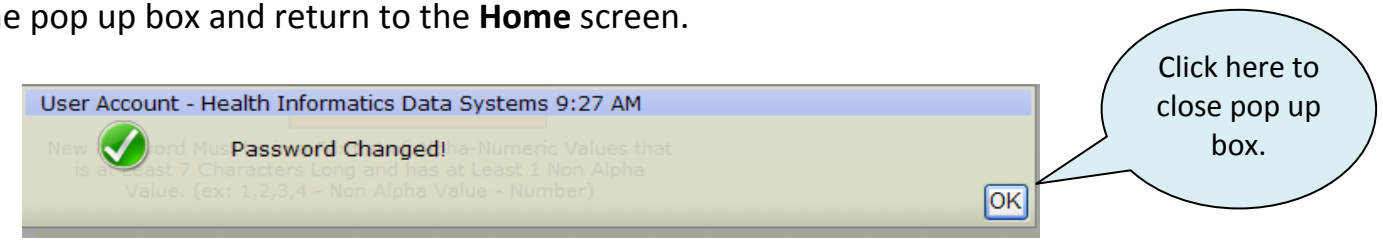
Type your *Username* in the **Access Your Program** box. You can copy the temporary password sent to you in the email directly into the **Password** box.

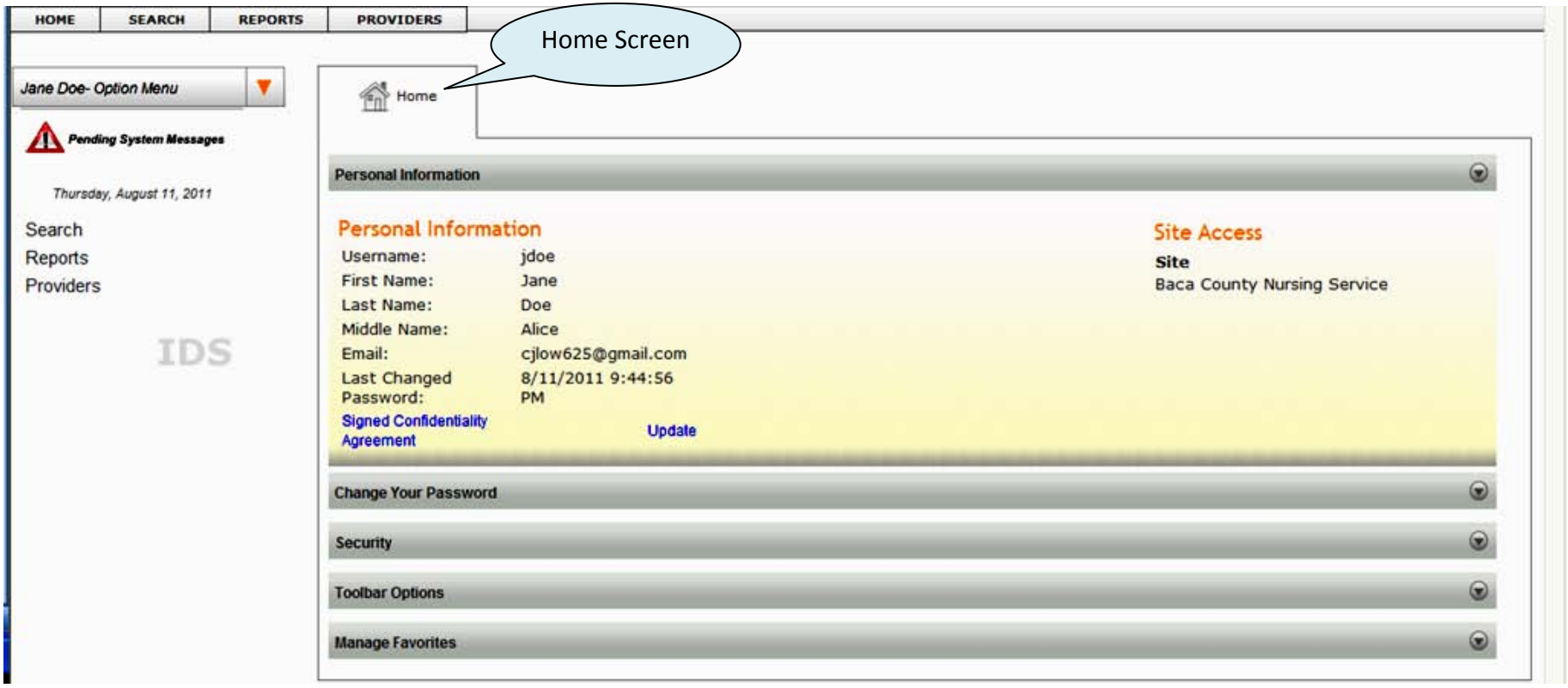
The system will prompt you to change your password once it accepts your log-in information. Paste your temporary password again into the **Old Password** box, then type in a new password twice to confirm. Your password must conform to the standards for passwords that appear under the **Confirm New Password** entry box: "New password MUST be in a format of alpha-numeric values that is at least 7 characters long and has at least 1 non-alpha-numeric value. (E.g. 1,2,3,4, - Non-alpha value – number."



Once you complete these steps, a pop up box will indicate that your password has been changed successfully.

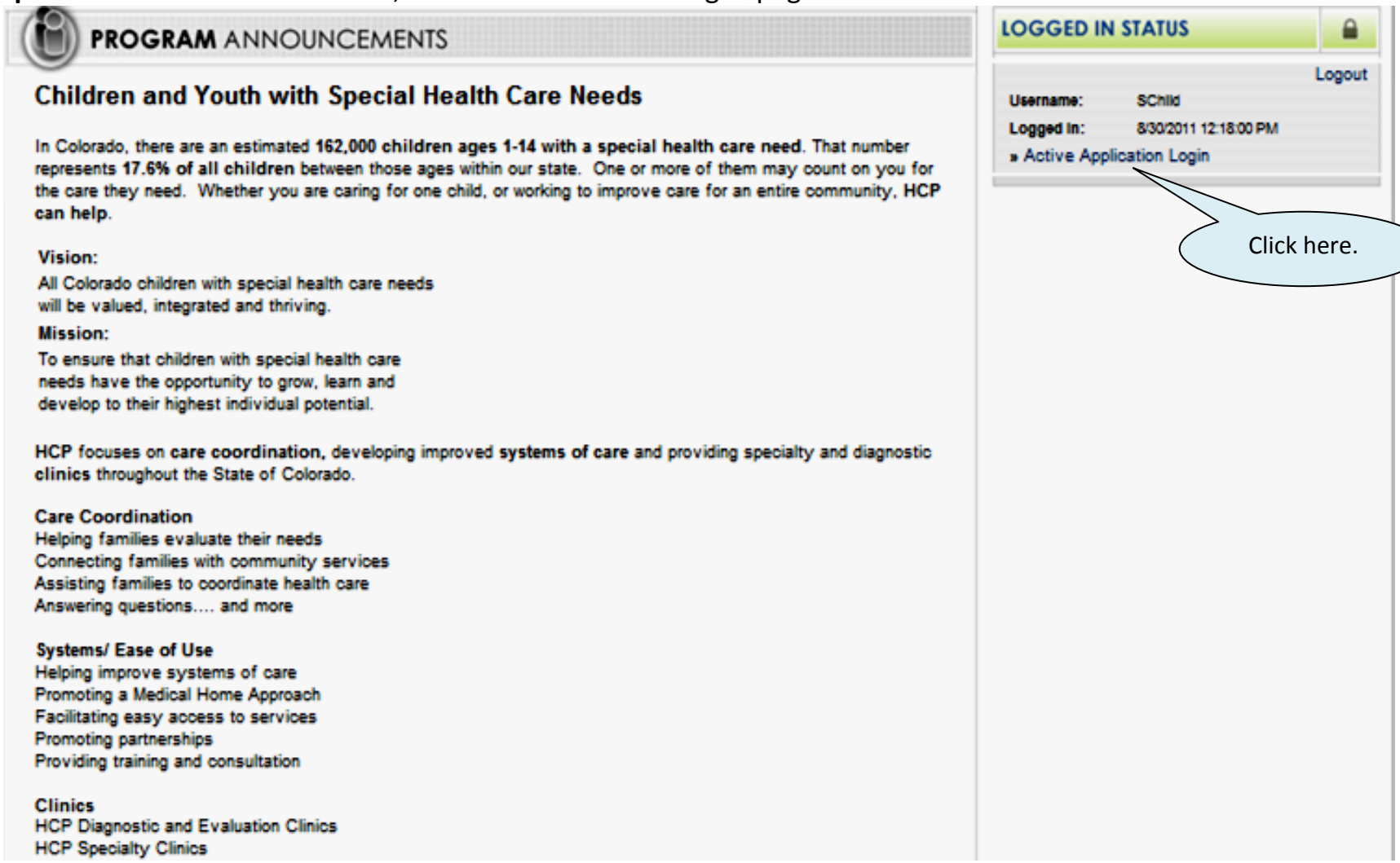
Click on OK to close the pop up box and return to the **Home** screen.





HCP Program Announcements

HCP program announcements will appear when you click on the Programs Supported "**Children and Youth with Special Health Care Needs"** link, found on the CYSHCN log in page.

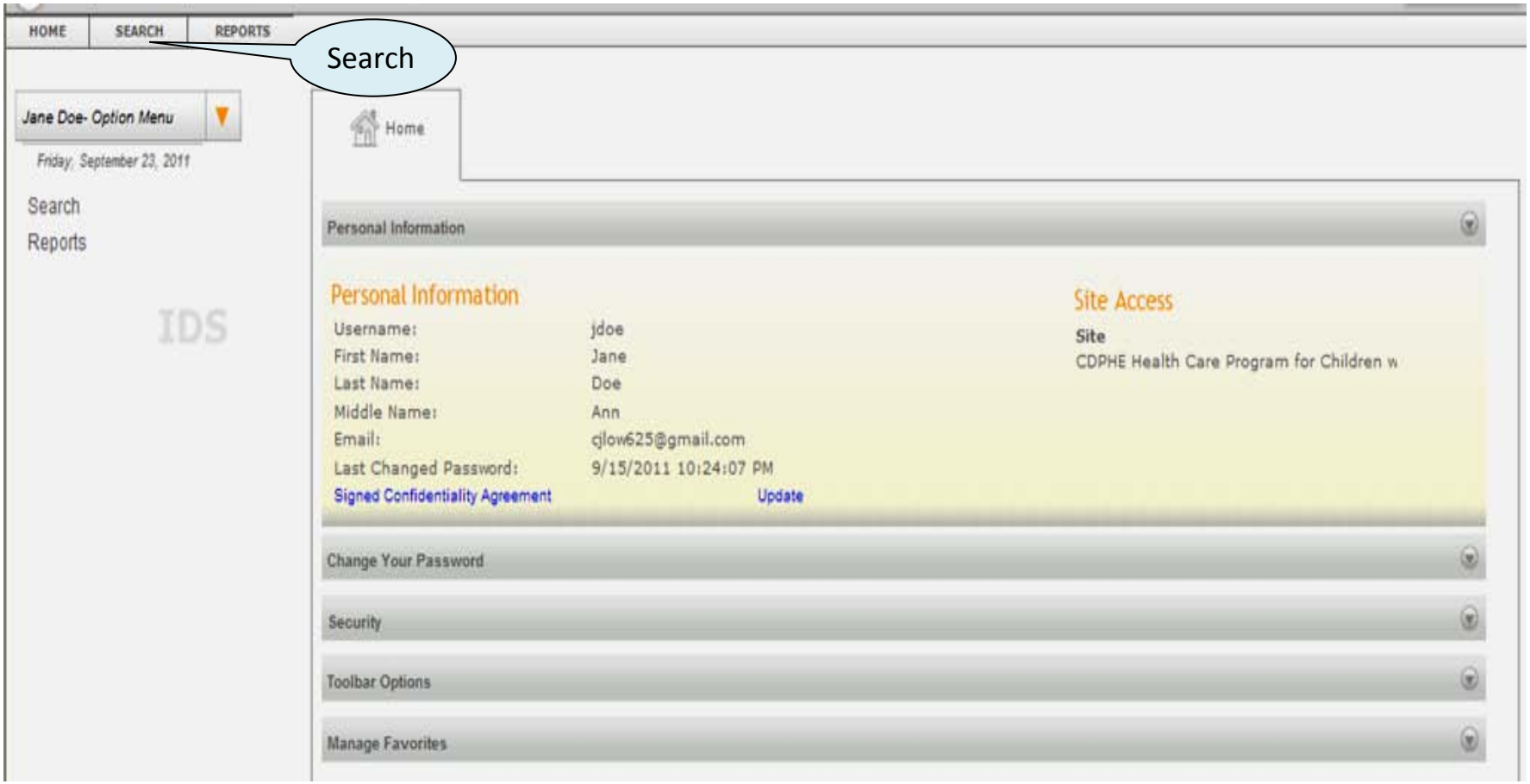

PROGRAM ANNOUNCEMENTS
Children and Youth with Special Health Care Needs
In Colorado, there are an estimated 162,000 children ages 1-14 with a special health care need. That number represents 17.6% of all children between those ages within our state. One or more of them may count on you for the care they need. Whether you are caring for one child, or working to improve care for an entire community, HCP can help.
Vision:
All Colorado children with special health care needs will be valued, integrated and thriving.
Mission:
To ensure that children with special health care needs have the opportunity to grow, learn and develop to their highest individual potential.
HCP focuses on care coordination, developing improved systems of care and providing specialty and diagnostic clinics throughout the State of Colorado.
Care Coordination
Helping families evaluate their needs
Connecting families with community services
Assisting families to coordinate health care
Answering questions.... and more
Systems/ Ease of Use
Helping improve systems of care
Promoting a Medical Home Approach
Facilitating easy access to services
Promoting partnerships
Providing training and consultation
Clinics
HCP Diagnostic and Evaluation Clinics
HCP Specialty Clinics
LOGGED IN STATUS
Logout
Username: SChild
Logged In: 8/30/2011 12:18:00 PM
» Active Application Login
Click here.

To enter the data system, simply click on **Active Application Login.**

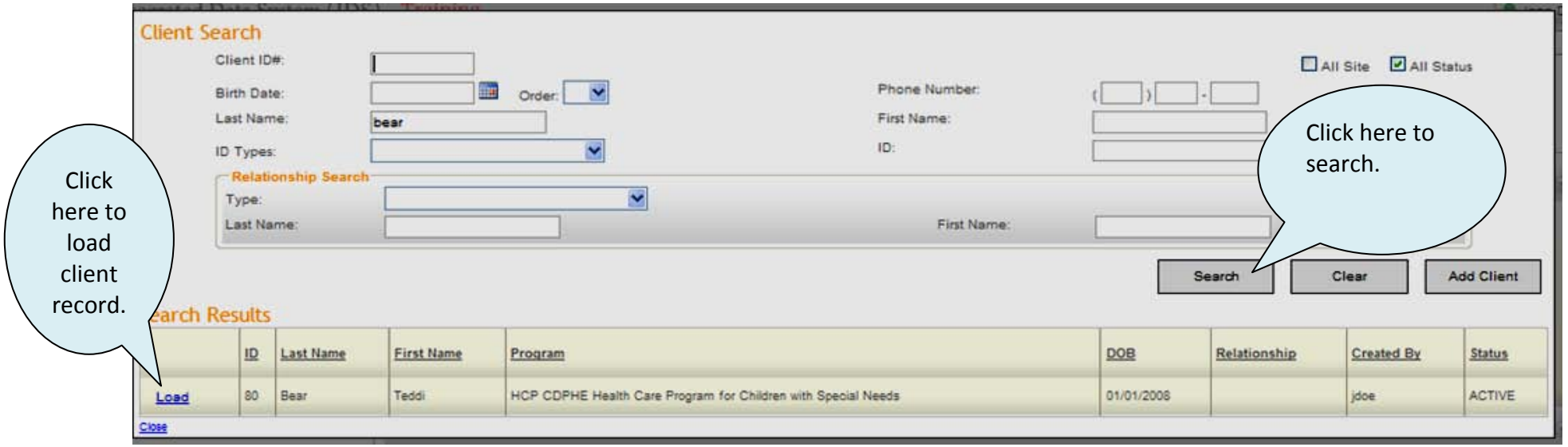
CYSHCN Data System Help Desk – 303-692-2384

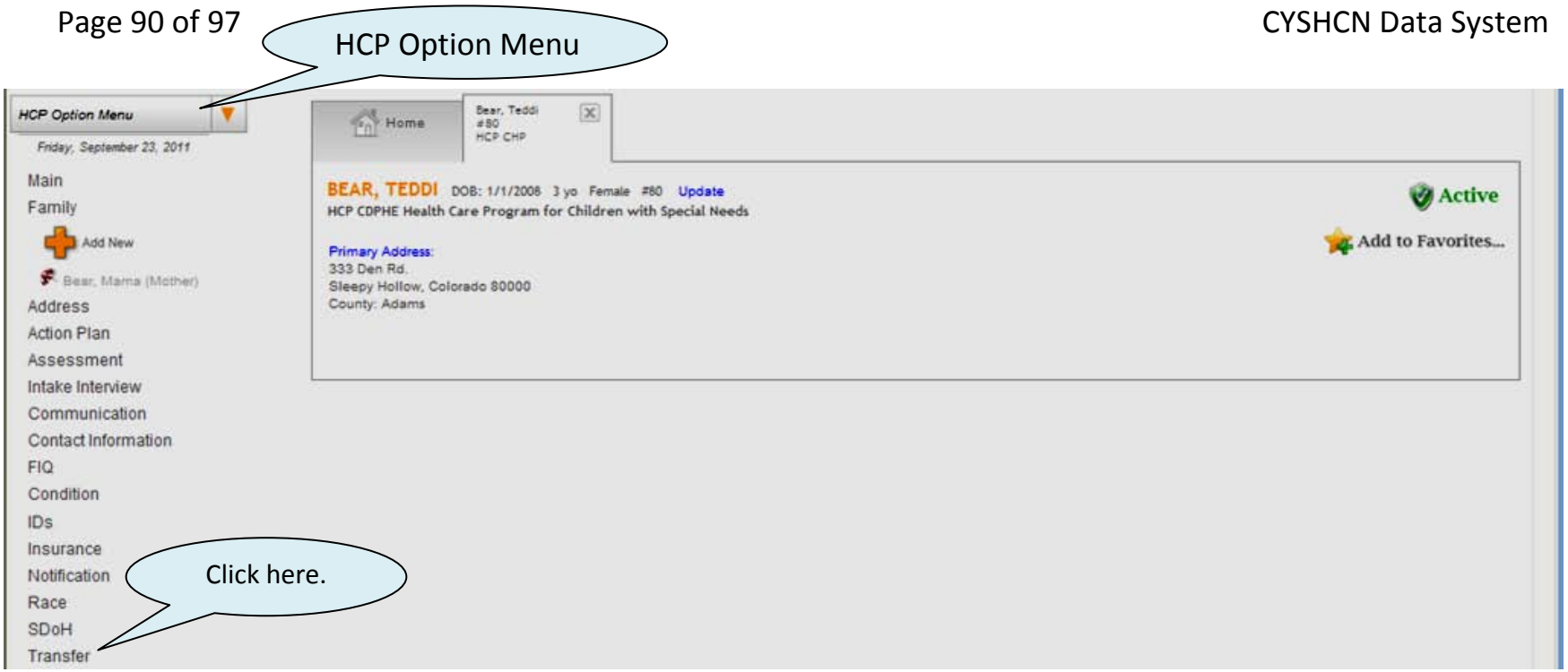
Transferring a Client to Another HCP Site

To transfer a client to another HCP site, start by searching for the client.

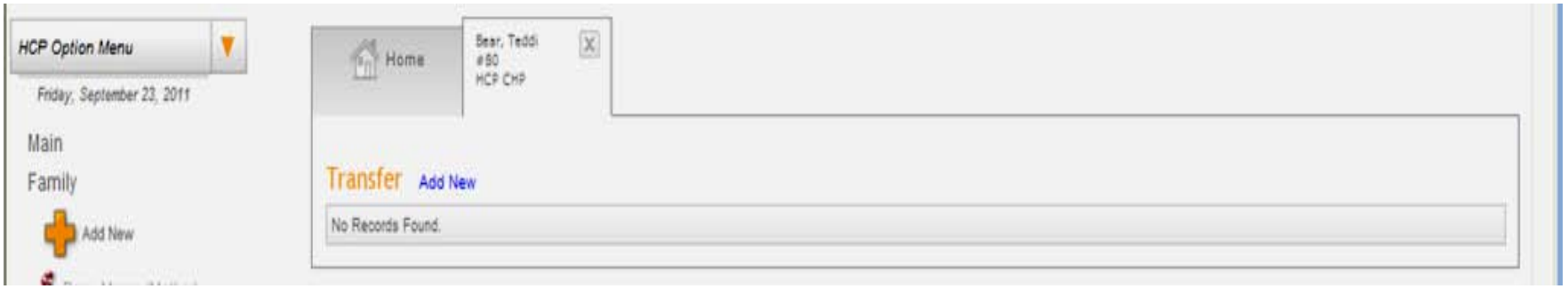


Enter your search criteria and click on **Search**. When the client appears, click on Load.



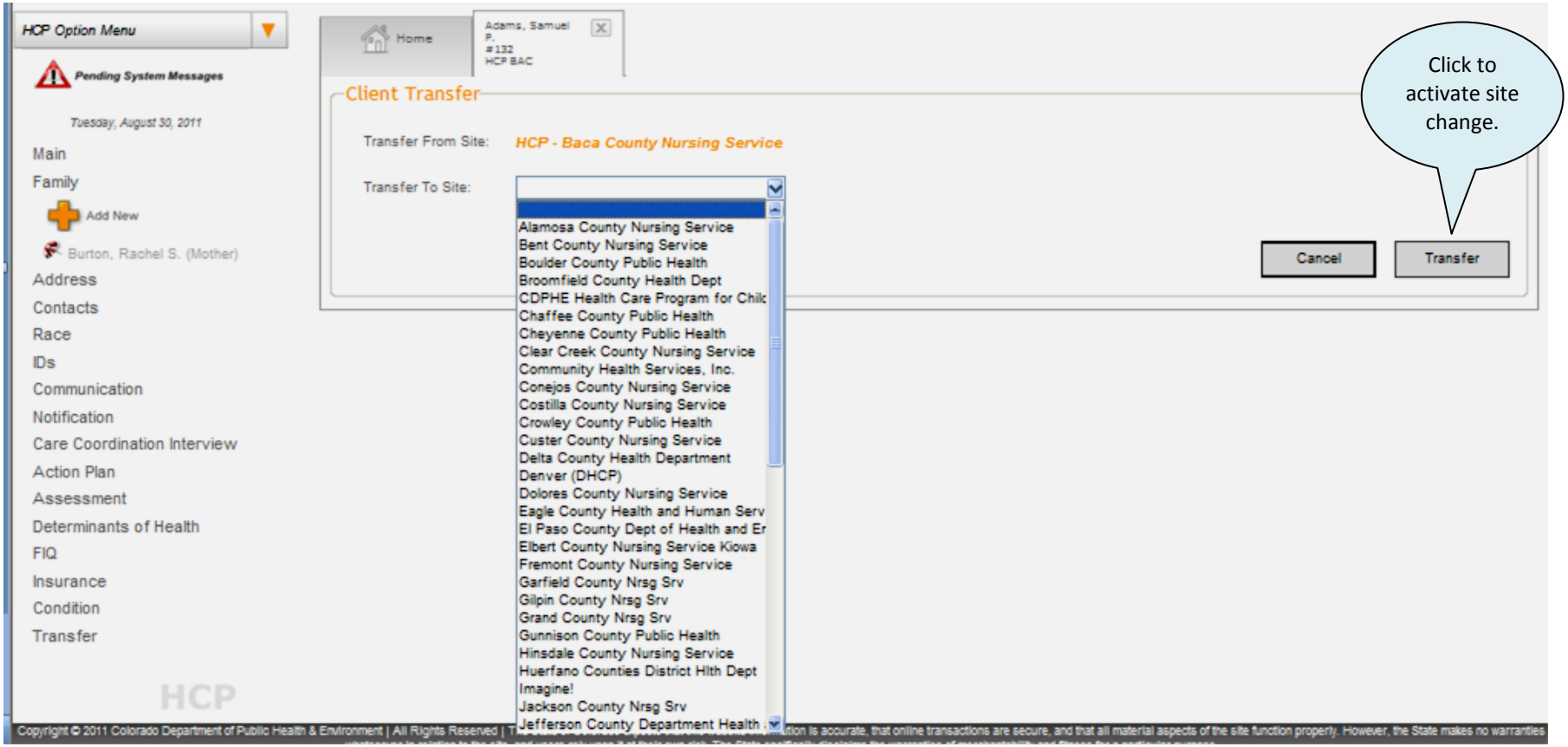


Select **Transfer** from the **HCP Option Menu**.

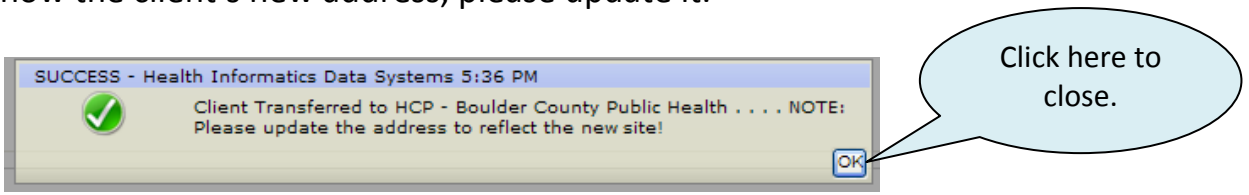


Click on **Add New**.

Select the new HCP site from the drop down list and click on **Transfer**



After you click Transfer a success window pops up with a note to update the address for the client. Click the **OK** button to continue. If you know the client's new address, please update it.

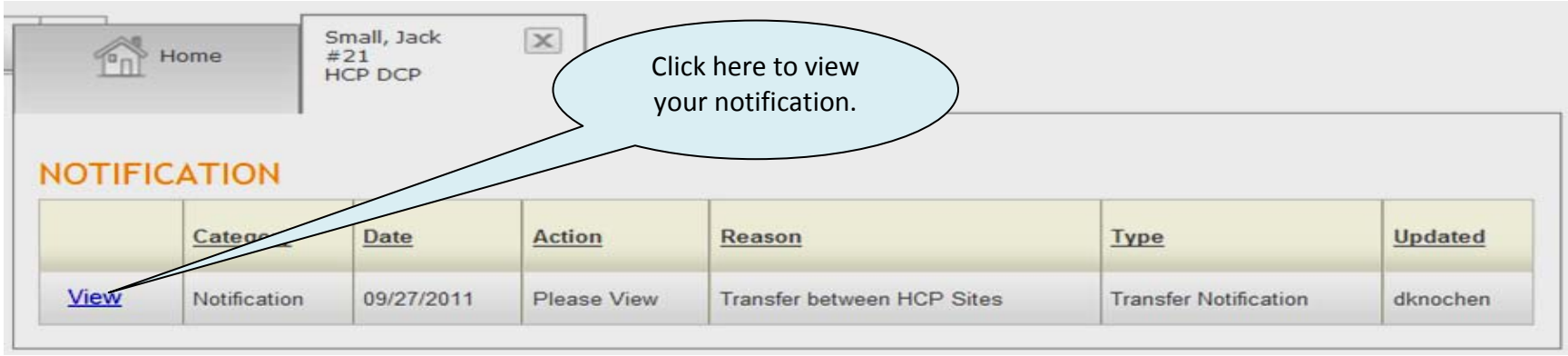

SUCCESS - Health Informatics Data Systems 5:36 PM
Client Transferred to HCP - Boulder County Public Health . . . . NOTE: Please update the address to reflect the new site!
OK
Click here to close.

The client is now registered in the new location. The client's new site will receive a notification through a **Pending System Messages** alert.

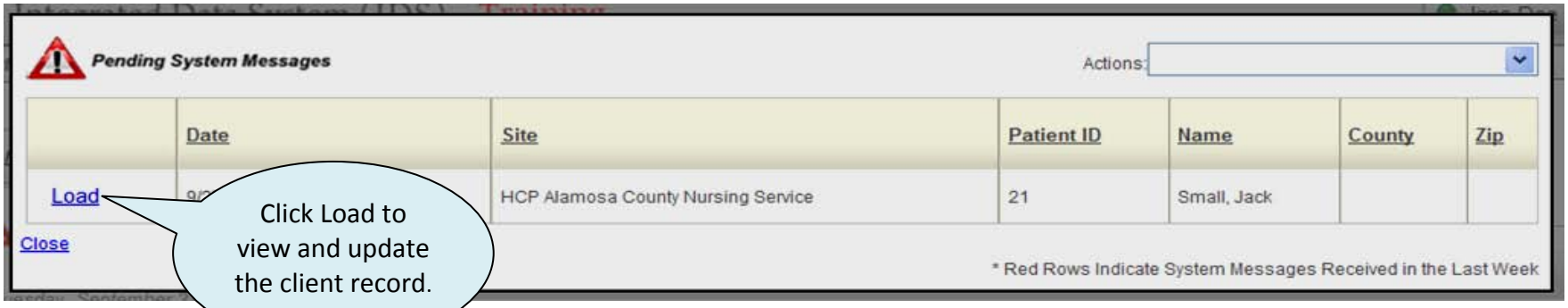
Receiving a Transferred Client

When a client is being transferred to your site, you will receive a **Pending System Message.**

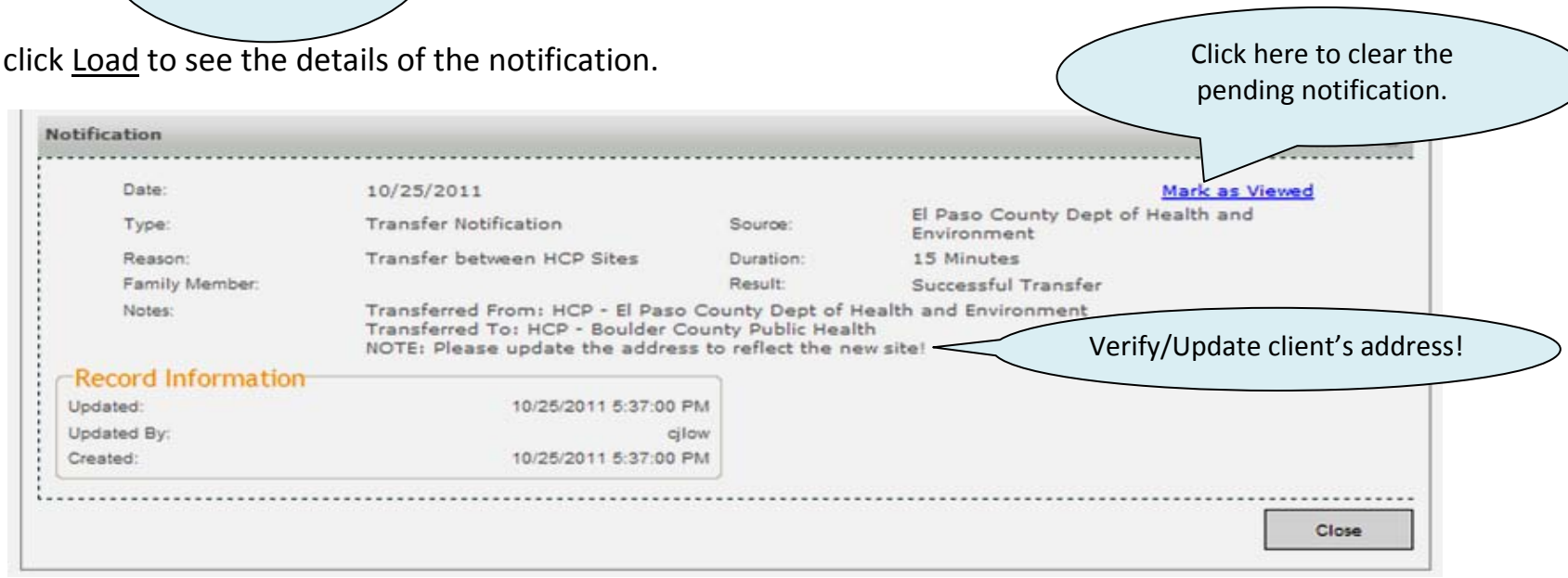
Click on the **Pending System Messages** symbol. The following screen will appear.



To open the notification, click on **View.**

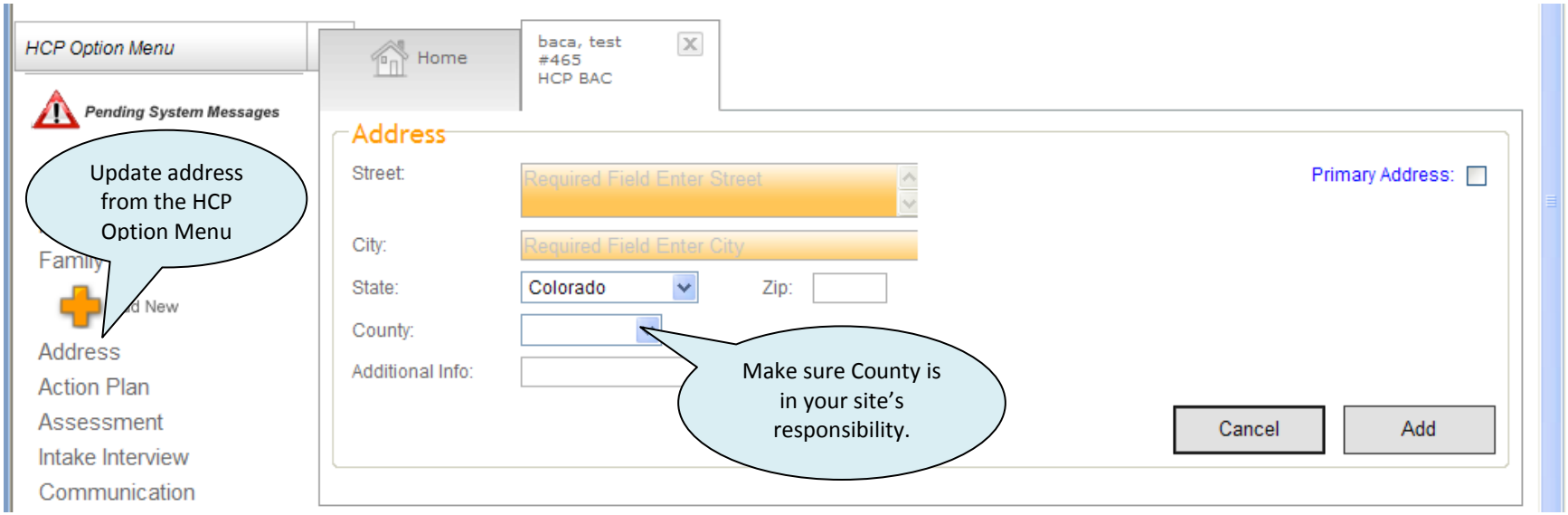


Now, click Load to see the details of the notification.


Click here to clear the pending notification.
Notification
Date: 10/25/2011
Mark as Viewed
Type: Transfer Notification
Source: El Paso County Dept of Health and Environment
Reason: Transfer between HCP Sites
Duration: 15 Minutes
Family Member:
Result: Successful Transfer
Notes: Transferred From: HCP - El Paso County Dept of Health and Environment
Transferred To: HCP - Boulder County Public Health
NOTE: Please update the address to reflect the new site!
Verify/Update client's address!
Record Information
Updated: 10/25/2011 5:37:00 PM
Updated By: cjlow
Created: 10/25/2011 5:37:00 PM
Close

Click on **Mark as Viewed** to clear the notification.

After you have viewed the client, go to **Address** on the ***HCP Option Menu*** and update the client's address. Make sure that the County is updated to the one in your site's territory. Click on **Add** to save.


HCP Option Menu
Pending System Messages
Update address from the HCP Option Menu
Family
Address
Action Plan
Assessment
Intake Interview
Communication
Home
baca, test
#465
HCP BAC
Address
Street:
Required Field Enter Street
Primary Address:
City:
Required Field Enter City
State:
Colorado
Zip:
County:
Additional Info:
Make sure County is in your site's responsibility.
Cancel
Add

Appendix I

Security and Confidentiality Agreement Text

Colorado Department of Health & Environment - Data Security, Use and Confidentiality Agreement

In consideration of my access to the Colorado Department of Public Health and Environment secure Web site and information, I agree to the following.

I understand that I am responsible for making every effort to prevent unauthorized users from gaining access to or using my user ID and password. I also agree to make every reasonable effort to prevent use of a computer for illegal or unethical purposes by all users, authorized or not.
I agree to immediately report any suspected or actual unauthorized access to the Colorado Department of Public Health and Environment point of contact that manages the information.
I will not share my password with any other person.
I will not leave my password around my computer or where another person might easily locate it.
I will change my password periodically and if I suspect it has been compromised. I will set up my passwords according to department guidelines for length and content.
I understand that this is a “shared fate” environment. My fellow users and clients may be affected or confidentiality compromised by the activities of other users. Preventing such activity is the shared responsibility of all users.
I agree to access only the information I need to do my job and not to access or attempt to access files that I am not authorized to use. I will not “browse” or otherwise use files or programs that exceed what is the minimum necessary to do my job. My use and disclosures of information will be consistent with those permitted by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws and rules.
I agree not to discuss confidential information or to provide copies of confidential reports, regardless of how or where acquired, to family members, friends, professional colleagues, other employees, other clients or any other person unless such person has been authorized to have access to that information. If unsure who is authorized to access the information, I will check with my supervisor or the department point of contact who manages the information.
I understand that my access is granted for the purposes of public health and environmental protection. I will not use or disclose any data for any purpose or end inconsistent with the purposes of the system(s) for which access is granted. If I am unsure if any use or

disclosure is permitted, I will discuss the issue with my supervisor and/or contact appropriate department program staff for further clarification.
I will take precautions to protect confidential data displayed on my screen from viewing by others. This may mean re-positioning my computer screen, adding a device to limit other's view, turning off the computer when leaving the area or enabling password–protected screen savers. I will take reasonable and appropriate steps taking into account the staff and public access to my area and the nature of the data on the system.
I understand that files I access may be protected from distribution by copyright or other applicable laws. The department has exclusive copyrights in all original works of authorship created by its employees or contractors. This applies to both published and unpublished works, and includes, but is not limited to, written documents, charts, graphs, imagery and maps. Other entities' copyrighted works also may be accessible on this Web site. I will not reproduce, distribute or display these works without permission from the department or another copyright owner.
I understand that for audit or system security purposes, the department may monitor all my activity.
I understand that the department may revoke my access at any time, with or without cause.
I understand that any violation of federal, state, local or the program's confidentiality requirements or this Agreement will be considered a breach of my obligations and may result in disciplinary action, up to and including termination of employment, termination of contractual relationship and other remedies allowed by law during or after my employment or work with these data systems. For the department and other state employees, discipline will be per the State of Colorado Personnel Rules.
I understand that information contained in the department's information systems is highly confidential and is protected from improper use and disclosure by applicable federal and state laws. I agree not to disclose confidential information in violation of this agreement or applicable confidentiality laws.
Signed By: <CYSHCN User Name>
Date Signed: <Date Agreed>